MARYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH I director. Page for your files. Board of Health, a. COUNTY STATE is necessary Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Frestburg Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 06. State Mespital Front death. er death. If any NAME OF Middle retai DECEASED the (Type or print) JAMES ALEXANDER 8 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH 2 with rage 5 m. land 2 w Male WIDOWED [DIVORCED within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) Page dona during most of working life, even if retirad 18. Give Pages 1, Celanese Corp. Cumberland. MD. pages 13. FATHER'S NAME form PM3. Alexander Jehn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT permit. (Yas, no, or unkown) (Ifyasgivawarordataso(sarvica) Office along with burial-transit permi Mrs. in pencil in Item 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). C PART I. DEATH WAS CAUSED BYand IMMEDIATE CAUSE (a) DUE TO remova. gava risa to immadiata causa 10 Examiner's "pending DUE TO (a), stating the underlying 95 0 pesn cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION Pe ire the certificate, writing the word Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Part I or Part II of itam 18.) PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy designated agent, Suicide Do Accident death resulted from: Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Typa) TO DEP 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, REMOVAL (Spacify) Oak Hill Cemetery 9/9/1961 Burial 040 0 ADDRESS 23. FUNERAL DIRECTOR VS. ASSME GEORGE EICHHORN LONACON ING. 5M 7/59

2. USUAL RESIDENCE (Where decaesed lived, If institution; Residence before admission) b. COUNTY Maryland reganv c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lenacening d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Street 4. DATE Month Day Year OF DEATH 6/1961 19 AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days YIS. 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME U.S.A Anna Brimlew Address Althea Mundeno/Lonaconing, INTERVALBETWEEN ONSET AND DEATH PERFORMED? YES NO 20f. (City or town) (Stata) (County) Inspection X Inquiry \ and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Addrass (Streat, city, town, or county) 22d. LOCATION (City, lown, or country) Lonaconing, MD. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Mary S. Thomas DATE

3 277 CALLACTA DISLIVES -3,211252 Taring out the to dure them? ... Included and the contract of DESCRIPTION OF THE PROPERTY OF in the state of the state of relement of the control of the contr to the latest and the tre, all ansencloseers as all acet and the state of t THE PARTY OF THE PROPERTY OF T

FOR STATE

TO DEP! ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any oplease exactle the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Station its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours, office, death

VS. AISME SM 9 60

director, Pag or your files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9725

1	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where		dence by the bathin ion
	Allegany	MARYLAND	STATE Maryland	b. COUNTY Alle	egany
4	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porele limits, write RURAL end g	ive nearest town)
ı	Cumberland	D.O.A.	Frostbur	g	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itel, give street address)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
١	Memorial Hospital			sh Street	YES NO X
	DECEASED	Middle	lasi 4. DATE OF		Dey Year
	walter	R.	Anthony DATE OF BIRTH	Sept. 10	th. 19 61 ARI IF UNDER 24 HRS.
	7. MARRIED			9. AGE (In years IF UNDER 1 YE.	
	Male White WIDOWED	DIVORCED J.	une 29th.1903	58 yrs.	N OF WHAT COUNTRY?
	done during most of working life, even if relired)			12. 61126	
	COST CLERK K.S	Tire Co.	Frostburg 14. MOTHER'S MAIDEN NAME		USA
1	Pauhan Anthony		Jean Rankin		
		OCIAL SECURITY NO. 17. IN	VFORMANT	Address	
١	(Yes, no, or unkown) (Hyesgivewerordatesofservice)	206825 Mr	s. Walter Antho	ony Q Standi	ch St Flh
١	18. CAUSE OF DEATH [Enter only one cause per lin	e for (e), (b), end (c).)	A. MET OCT WITOIT	oring a position	INTERVAL BETWEEN B
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CORONARY	OCCLUSION		SUDDEN 1
-	420.1 DUE TO				
	Conditions, if any, which (b)	CORONARY	SCLEROSIS		
	geve rise to Immediate cause (a), slating the underlying DUE TO				
	cause lest. (c)				
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED?
ı	S .				YES NO
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	E HOW INJURY OCCURED. (En	iter neture of injury In Pert I or Pert II o	it (lem 18.)	
i	20c. TIME OF INJURY Month, Day, Yeer 20d. IN While the work 25 mm. 19 et work		CE OF INJURY (Home, farm, 20f. (Ci	ly or town) (County	(State)
H	p.m. 19 et work				
1	21. I certify that I took charge of the rema	ins described above, hel-	d an Autopsy . Inspection	x, Inquiry x, a	nd in my opinion
ı	death resulted from: Natural causes	Accident, Suicid	de 🔲, Homicide 🔲, Ui	ndetermined manner	
ı	B 1-11-	+ 1'	CHIEF MEDICAL EXAMINER		
ı	SIGNATURE Luchet Sky	arello	M.D. ASSISTANT MEDICAL EXAMI		DATE SIGNED
6	NAME (Type) BENEDICT SKT	TARRET TO 16 TO	DEPUTY MEDICAL EXAMINER		
ı	220. BURIAL, CREMATION, 22b. DATE THEREOF 2	TARELIC M.D		TION (City, town, or country)	and MD
	Burial 9-13-61	F'bg.Memoria			Md.
	23. FUNERAL DIRECTOR	ADDRESS	24e. REC'D BY REGIS	OSTDURE	ATURE
	I P. Dunt	Frostburg, M	d. DATESEP 13 '6	1 arthur S. th	aud
I A					

4. 4 4 4 4 biretigran (M) is TRANSPORT TO THE PROPERTY OF T Tellpare Talen IV with the same of the same control of the contro ALE-PARTS are to the Antender, to been a tell at IN A CONTRACTOR OF THE PROPERTY OF THE PROPERT THE AND DESCRIPTION A LONG TO THE STATE OF THE STAT

IO DEF CAMEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in frem 18. Give Pages 1, 2, and 3 to the fast should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. VS. A15 5M 9/

_	Divisio		RESEARCH AND RECORDS				RE 1, MARY	OP4 P		
h)	1. PLACE OF DE	Allegany	MARYLAND	2. USUAL RESIDEN	CE (Where decessed		rstitution: Residen	ce before edonissio		
		N (if outside corporate lim	c. LENGTH OF STAY IN 16 5 Min.	c. city or town (If outside corporete li	mits, write	RURAL end give	neerest town)		
	d. NAME OF HO	SPITAL OR INSTITUTION	if not in hospital, give streel address)	d. STREET ADDRESS		-	65X-	ON A FARA		
	3. NAME OF DECEASED (Type or print)	Forrest	Edwin	Last	4. DATE OF DEATH	Sept.	13	Yeer 19 61		
	5. SEX Male	6. COLOR OR RACE	7. MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE OF BIRTH 1942 Mar. 13, 1932	9. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS		
	Student.	PATION (Give kind of work working life, even if retire	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)		U.S.	A		
	Victor B	arr		Ruth Mille						
	(Yes, no, or unkown)	(If yes give war or detes of s	V	INFORMANT Ictor Barr-Mo	orefield,	Address W.Va.	1			
	PART I. DI	ATH WAS CAUSED BY, IMMEDIATE CAUSE (+) DUE TO	Shock; Ac	ute Blood 1			5	erval Between RSET AND DEATH -10 Min		
	Conditions, if geve rise to imm (e), stating the cause last.	rediate ceuse		uto Acciden		reen	5	-lo Min		
	PART II. OT		TIONS CONTRIBUTING TO DEATH BUT N					9. WAS AUTOPS PERFORMED? YES NO		
1	was rassenger in Car which Colided with Truck							(Stele)		
	ACTUAL SIGNATURE	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner ACTUAL SIGNATURE Senedict Setarelies, ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S DEPUTY MEDICAL EXAMINER Sept. 13, 1961								
	22e. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THERE	OF 22c. Name OF CEMETERY C	OR CREMATORY	22d. LOCATION (C			(Stele) W. Va.		
	23. FUNERAL DIRECT	Brown O	Westernport, Md.	24a, REC	EP 1 5 '61		TRAR'S SIGNATI			

MARYLAND STATE DEPARTMENT OF HEALTH

A Most 1115 Distance: - Grant factors. white the . . . that sorell AT . . . I SETERATOR - TOTAL TOTAL and I be all wound : simpate Sungine of fiver Midmigs, Tolden MALE CIME Juntiton of , uto accident at the stone had but the terminate the - Sund have been a few for the first . I . Arrah N. June 1 to William September 1 But the feet of of 16/61 Invitages to be and All desenverses

TO DEPTIY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute is strifficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwar in the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your in the Table 1 to EUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registriction to burial, cremation, ar remaval.

VS. A15ME(5) 5M 9/55 NACE OF STATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

ALLEGANY	MARYLAND	o. STMARYLAN		b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rate limits, write	RURAL and give	neorest (awn)
CUMBERLAND	31 DAYS	O CUMBERI	LAND			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp MEMORIAL HOSPITAL	pital, give street oddress)	d. STREET ADDRESS	S TEMAN RO	AD		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DRCEASED (Type or print) BELLE	Middle	Lost BENEMAN	4. DATE OF DEATH	Monti		y Year 1961
5. SEX 6. COLOR OR RACE WHITE WIDOWE		MARCH 10,18		AGE (In years lost birthday) 92 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done tob. K during most of working life, even if setzed)	Home,	LITHUAN		intry)		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	-57		
GEORGE RUBIN		IDA FOX				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (I'ves, no. 8 unknown) (If yes, give wor or dates of service)	ocial security No. 17. In	MEMORIAL HO	OSPITAL,	Address CUME	BERLAND,	MD.
18. CAUSE OF DEATH [Enter only one cause per line t	for (o), (b), and (c).				INT	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	UREMIA					WEEKS
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	CARDIOVASCULA	ARTERIOS	CLEROTIC	DISEASE	8	YEARS
PART II, OTHER SIGNIFICANT CONDITIONS CO FRACTURE OF RICE 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 1
	HOW INJURY OCCURRED. (E.	nter nature of injury in f	Port I or Part II of	item 18.)		
20c. TIME OF INJURY Month, Day, Year While of wor was 1:30 p.m. 11 7 1961 of wor	THE PARTY OF THE P	CE OF INJURY (Home, fory, street, affice bldg., a	elc.)	r town)	(County)	(State)
21. I certify that I took charge of the r						d, and find that
death resulted from: Natural causes						e, and mid ma
ACTUAL GLENE dict x	Ketarelie	M.D. CHIEF MEDICAL	_			DATE SIGNED
EXAMINER'S BENEDICT SKITAREL	.10		AL EXAMINER	Sept	. 7,	1961
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) 9/10/6/	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, town,	ar county)	My Q
2d FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Curl.	MAR DATE	SEP 1 1 '6	1	STRAR'S SIGNAT	

the consideration and the second

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND \$728 CERTIFICATE OF DEATH

New Row New Row New R				
1. PLACE OF DEATH	124411-00/	a STATE	- b COUNTY	
Allegany	MARYLAND	. 3101c M	aryland	Allegany
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limits, write RL	JRAL and give neerest town)
	70 Yrs.	X	t. Savage,	
	nospital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
New Row		N	ew Row	
. NAME OF First	Middle	Last		Dey Yaar
[Type or print]	Л.	Bennett		er 8th, 19 61
CEV III COLOR OR PLOT			9. AGE (In years IF	
Male White Willow	WED TO DIVORCED	Apr. 26th.	1882 79 yrs. M	onlhs Deys Hours Min.
De. USUAL OCCUPATION (Give kind of work 10b				12. CITIZEN OF WHAT COUNTRY
Ret _Tile Monlider R	rick Plant	Pennsy	rlwania	HSA
	1 1 CIL I LEITO			0021
Tohn Bonnatt		Mazia	Pardew	
	6. SOCIAL SECURITY NO. 17. IF			
fes, no, or unkown) (lifyesgivewer or detes of service)				
geve rise to immediate ceuse (a), stelling the underlying DUE TO	Arterioscle	erotic car	diovascular d	
(6)	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	inal disease condition given	PERFORMED?
	ESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeer 20 Hour a.m. W	hile Not While fecto			(County) (Stele)
21. I certify that (I) (this hospital) att-	ended the deceased from	1 1-23-59	19, to Sentemb.	e.r196, Ithat (I) (we) la:
saw the deceased alive on.	-3- 19 6 land that	death occured at	M, from the causes and	d on the date stated above
22e. SIGNATURE	1	A 7777 ID 11 10	1450 CTASS	22b. DATE
SAYNO.	/// M.	DITTE TO		9-8-61
22c. PHYSTCIAN'S	100	22d. ADDRESS		o 1 1 3 1/3
NAME (Type) G. O. Himm	elwright, "	133 V	Tirginia Ave.,	Cumberland, Mo
38. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, fown	or county) (State)
Burial 9-11-61	M. E. Ceme	tery	Mt. Savage	, Md.
4 FUMERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE	C'D BY REGISTRAR 256. REGIS	
1 P 12 1 - + 2	the Alexand	HO DATE	OFF CO. O. O. O. O.	huy S. Kraus
1. 1. Warry 7	second,	790		- 1 4, / VIIII

2314 The Control of the Co . A reducing Stahmed AME CLEAR IN VIE 7. of tall elect anoff state testers office fort Pentaga Vantaga West call a Real . DIT seaters . His clause afoners . at a . where Till. (e. o. directions, " The Marinta No., Direction de la AND CONTRACT TO THE PROPERTY OF THE PARTY OF Il there I want from

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

ı	0 8 20 0	CERTIFICATE	OF DEATH	8	9120 F
1	PLACE OF DEATH		11	(Where daceased lived, If institution, Re	sidence before edm ss.on)
П	ALLEGANY	MARYLAND	a. STATE MARY	LAND B. COUNTY ALL	EGANY
-	b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF o	utside corporete limits, write RURAL end	give nearest town)
	FROSTBURG	8 HRS.	■ FROS	TBURG	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give street address)	d, STREET ADDRESS		o. IS RESIDENCE ON A FARM?
ľ	MINERS HOSPITAL	6.	∥ / 57 M	IT.PLEASANT STRE	ET YES 🔲 NO 🍱
	NAME OF F-st DECEASED	Midd e	Lasi 4	. DATE Month OF	Day Yeer
	(Type or print) CLIFFOR		BEVAN		0th, 1961
	5. SEX 6. COLOR OR RACE 7. MARK	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 Y	EAR IF UNDER 24 HRS. Bys Hours Min.
	MALE WHITE WIDOV		SEPT.6TH,191	-5 46 yrs.	
	done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County	& State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Operator-Bobbin Ce 13. FATHER'S NAME (Stores)	elanese Corp.	FROSTBUF	iG	USA
1	REESE BEVAN		SARAH H	ARRIS	
1	15 WAS DECEASED EYER IN U.S. ARMED FORCES? 11. (Yes, no, or unkown) (Ifyesgivewarordalesofservice)	S SOCIAL SECURTY NO ! 17.	INFORMANT	Address	
	YES WW 2 215	-10-4457 Le	slie Bevan,	7 Mt.Pleasant S	t.,F'bg.Md
	18. CRUSE OF DEATH [Enter only one cause pe		0 1	5	ONSET AND DEATH
ı	IMMEDIATE CAUSE (a)	ebral vusc	ular hen	sonheigh.	.a4 hus_
	DUE TO	f- ' ~ 4	~ 11 +	-	2
	Conditions, if eny, which (b) gava rise to immediate cause	tenosclerat	ic Hyperl	insion	1
1	(e), steting the underlying DUE TO		4.		
	Z PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
	20a ACC DENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Per	t I or Peri II of tem IB)	1.00 1.00 1.0
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20e. TIME OF IN. LRY Month, Day, Yeer 20c		ACE OF INJURY (Home, ferm,	20f. (City or town) (Count	ty) (5 tate)
	ZOc. TIME OF INJURY Month, Day, Yeer 20c Hour a.m. Wh	ile Not While fed	story, street, office bldg., atc.)	_ 0	
	21. I certify that (1) (this hospital) natte	anded the deceased from	Sept. 19 19	61 10 Sen 20 196	, that (I) (we) last
	saw the deceased alive on			KM, from the causes and on th	
	22a. SIGNATURS	7	ATTENDING ME	D. STAFF	22b. DATE SIGNED
1	Hamly	AMU	M.D. PHYS. DIR	ECTOR PHYS.	010112
	22c. PHYSICIAN'S NAME (Type) LESLIE R. MI	LES, "	E. MA	IN ST., LONACONIN	G, MD.
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or county)	As Assessed
	BURIAL 9-22-61	F'BG. MEMO	RIAL PARK	FROSTBURG,	MD.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
	1. M. Dunt	FROSTBURG, M	D. DATE SE	25 '61 Carting P	20



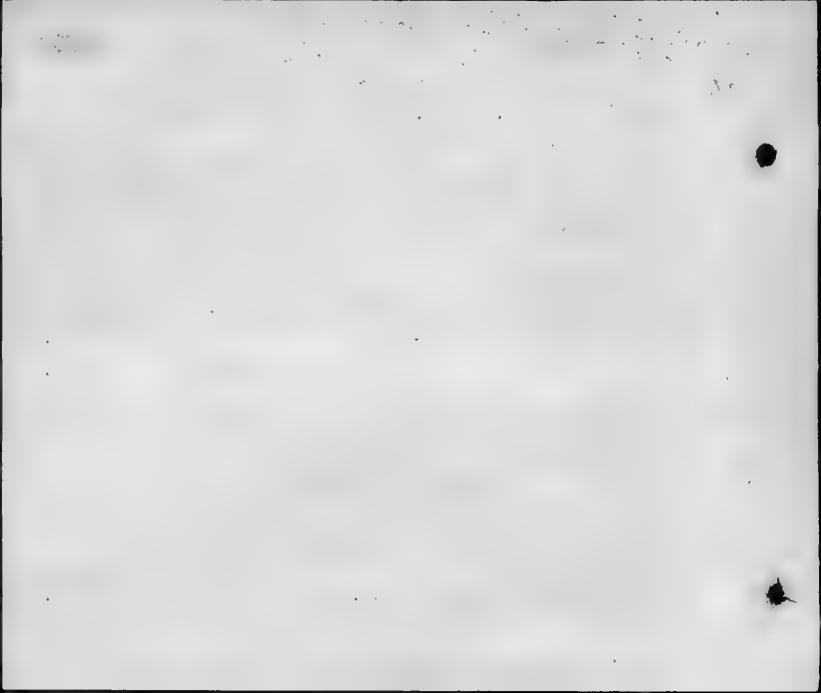
FOR STATE elay is necessary, raidiredor. Page IO DI FY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If arpelease execute the certificate, writing the word "peniling" in it in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any great villing 72 hours after death,

VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

9730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssion)
Allegary MARYLAND	a. STATE b. COUNTY Allegarity
b. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) .	c. CITY OR TOWN (If outside corporete lim.ts, write RURAL end g.ve neerest town)
Oldtorm, Real At 1. 1 hr.	X Rural near Clatean
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	8. STREET ADDRESS 0. 15 RESIDENCE
now wi	ON A FARM? YES NO I
3, NAME OP First Middle	Last 4 DATE Month Day Year
(Type or print) BaBY Call	HICHOP DEATH SEDT. 2.9 1961
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
	last high day)
108. USUAL OCCUPATION (GIVE kind of work 106. KIND OF BUSINESS OR INDUST:	3 nd m on 29, 17: 11 yrs. Manths Days Hours Mn.
done during most of working life, even if refired)	
	Hear Oldborn, Haryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Leo Bishop	Dorothy Ruchael Wagner
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [[I] yesgive war or detes of service]	INFORMANT Address
None Ch	marles L. Bisnop, no.1, Oldown, laryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Commediate Cause (a) EXANGUIN	ATION ONSET AND DEATH
773.0 DUE TO	The second secon
Conditions, if any, which) (b) BLEEDING	FROM UMBILICAL CORD 1 Hr.
gove rise to immediate cause	The same of the sa
(a), stating the underlying	ED BIRTH
16/	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
	PERFORMED?
200, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of (tem 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	CE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stele)
Hour a.m. While Not While fec	lory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy XI, Inspection XI, Inquiry XI, and in my opinion
The second secon	ide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL /S, 1 + 10+	A SSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE MANGLE SHOWARD LECT	DEPUTY MEDICAL EXAMINER X7 October 1. 1961
NAME (1990) RENEDICO SKITARETIC M	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	D. Addrass (Street, city, town, or county) Cumberland, Md. R CREMATORY 22d. LOCATION (City, town, or country) (Steta)
REMOVAL (Specify)	
But in 1 10/3/01 Olitaria Gross	1 Z40. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
John J. Hafer, Canb Illad, Nayland	
Collis to thought, o and sandy sick years	DACCT 9 '61 Only & Kins



lled in by the funeral ages I and 2 should The law requires that the death certificate be executed within 24 hours after within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executedeath. TO FURLIAL DIRECTOR: After this certificate has been signed by the attending physician and compdirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pabe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MANA

1,	PLACE OF DEATH 6. COUNTY				nstitution: residence by ore climission)
	ATTIONANT	ARYLAND	a. STATE HARYLND	b, COUN	
_	b. CITY OR TOWN (if outside corporate limits, c LENGTH O write RURAL and give nearest town)				RURAL and give negrast town)
	CULARRIAND 70 YEA	RS	CIPTE IANI)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	address)	d. STREET ADDRESS		9, IS RESIDENCE ON A FARM?
	_ SACRED FFART HOSPITAL		BED MODEL BI	D. ROUTE 3,	YES NO
3.	NAME OF First Middle DECEASED	lle	Last 4,	DATE Month	Day Yeer
	(Type or print) CHA LES C.		POSIEY		PIE BER 26 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED 🔲 ,	B DATE OF BIRTH	9 AGE (In years lest birthday)	
_		ORCED	STPT. 26, 1885	76 yrs.	Months Days Hours Min.
10.	a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES one during most of working life, even if ratired)	S OR INDUST	RY 11 BIRTHPLACE (County &	State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY?
	MACHINEST RAILROAD		W. VA.		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
	CHARLES BOSIEY		JENNIE (CHESTNUT	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI	TÝ NO. 17,	INFORMANT	Address	
,	NO A 589069		PALTETTS CHA	RT	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	in d (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chou	i Co	ugestain Heco	1 Darley	ONSET AND DEATH
	420.0 DUE TO				
	Conditions, if any, which) (b)	in Her	atic Head	Drawin	
		and describing at	0-4C (1CC		-
	(a), stating the underlying Dut To				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	
CATIC					PERFORMED? YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJ OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER,	URY OCCURED), (Enter natura of injury in Part)	l or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR! Hour s.m. While Not While at work at work	faci	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attended the dece	based from	Opini. 196	26 10 9.1.26	, 19.6, that (I) (we) last
	saw the deceased alive on	, and that	death occured al 301	M, from the causes	and on the date stated above.
	22a. SIGNATURE		1		22b. DATE
	Willia P Jan	_ ~	ATTENDING MED. PHYS. DIREC	TOR PHYS.	9/2 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS		11-0-1-01
	NAME (Type lliam P. Iamas, ".D.		Lili M. Cent	re St., Cumb	perland, Md.
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME (REMOVAL (Specify) BURIAL (SEPT. 28, 1961 HILLO		OR CREMATORY 2	3d. LOCATION (City, 10%)	
24	FUNERAL DIRECTOR'S SIGNATURE ADDRES				SISTRAR'S SIGNATURE
	BYRON KIGHT CUMBERLAND	, MD.	DATE SEP	29'61 a	return S. Kinus
			1		



MARYLAND STATE DEPARTMENT OF HEALTH



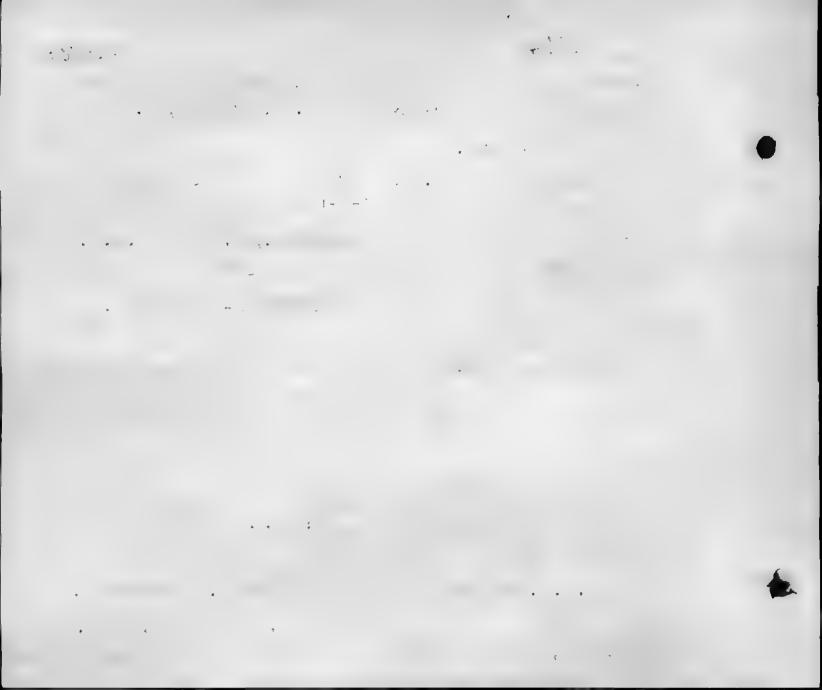
VR A15 (4) 15M 9/60

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and 2 should	death
iper ages 1	2 hours after
s carbon pa	ent, within 7
ase remove	in any ever

11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 072%

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence perfet compession)
ALLEGANY MARYLAND	PENNSYLVANIA b. COUNTY BEDFORD
b. CITY OR TOWN (if outside corporete I m ts, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) CUMBERLAND 16 DAYS	RT. #2, FLINTSTONE, MD. 7.7x x
d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address	d. STREET ADDRESS a. IS RES DENCE
MEMORIAL HOSPITAL	ON A FARM? YES ☑ NO ☐
MEMORIAL & WARWICK AVES.	Lest 4. DATE Month Day Year
DECEASED (Type or print)	OF
GROVER Pentan	BRIDGES SEPTEMBER 23. 1761 _
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR" IF UNDER 24 HRS. Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED	yrs.
10a. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	(11 BRT PLACE (County & State, or foreign country) 12 CIT.ZEN OF WHAT COUNTRY? Filintstone Mammilad
Tire Builder K-S Tire Company	DEEDEORDEGG CORA . U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ABRAHAM BRIDGES	MARGARET ELLIOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 II [Yas, no, or unkown] [(Ifyosgivewarordalesofsarvice)	NFORMANT Address
	EMORIAL HOSPITAL - CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	GREET AND DEATH
45A A NULTO	
Conditions, if any, which \ (b) arteriorles	sis- generalizal-perphered years_
	Jan Jan Jan
(a), stating the undarlying DUE TO	
Causa last. (c) PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO DEATH BUT NO	PERFORMED?
5 mesentine throw	YES NO N
□ OR CONTRIBUTING □ CAUSE OF DEATH	(Enter natura of injury in Part Lor Pert (Lof tem 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. Whi a Not While factor at work at work	f
21. I certify that (I) (this hospital) attended the deceased from.	9/6 19 61, to 9/23 196/, that (I) (we) last
	death occurred at
228. SIGNATURE	22b. DATE
Thomas to Veris, M.	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
22c. PHYS CIAN'S	22d. ADDRESS
NAME (Typo) DR. G. O. HIMMELWRIGHT	133 VIRGINIA AVE., CUMSERLAND, MD.
23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY C	
REMOVAL (Spacify)	Satholia Cam Illindaton. Di Vo 311
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Intholic Com. Flintstone, Rt. #2, Md. — 1256, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
John J. Hafer Cumberland Maryland	ero 2 7 to 4
Ocani de atom de la descrita institut y a desta y abotada	DATE SET 4 161 Chilles S. Kraus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 973 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 2. USUAL RESIDENCE (Where deceased lived, if institut on; kending of the admission) 1. PLACE OF DEATH y is necessary, director. Page or your files. e. COUNTY e. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town! CUMBER LAND l Dav WESTERNPORT d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO-Greene Street 3. NAME OF ššiddle. 4. DATE Year DECEASED OF the (Type or print) ROXTE DEATH CRAWFORD SEPT 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) Months Days Hours Female White | WIDOWED DI DIVORCED April 1882 79 yrs. E O CU. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife P.M3. Pa Westernport. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK KOODEN ALPHA MICHAELS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) "in pencil in Item so Office along with it a burial-transit permit CUMBER LAND MD MEMORIAL HOSPITAL. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: SUBDURAL HEMORRHAGE. RIGHT HEMISPHERE "AMEDIATE CAUSE (e) 20 Hrs. **DUE TO** CONTUSION LEFT FOREHEAD Conditions, il any which 20 Hrs. geve rise to immediate cause word "period fical Examiner's D) cu DUE TO (e), steting the underlying Accidental fall cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION PERFORMED? MYOCARDIAL FIBROSIS CORONARY SCIEROSIS CHRONIC NEPHRITIS

EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part for YES DO NO P 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TE! CAUSE OF DEATH. Fell at nursing home: 79 Greene St. Cumberland, 200, INJURY OCCURRED 1, 200, PLACE OF INJURY (Home, form, 20), (City or fown) writing I a Chief / Page 3 s to buria 20c. TIME OF INJURY the Page fectory, street, office bldg., etc.) While Not While lease execute the certificate, in the C should be forwarded to the C should be towarded to the C subsections. Page 15 per while Not While Home Cumberland Alleg Md 21 I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inqu'ry X and in my opinion Accident X death resulted from. Natural causes Suicide Homicide Undetermined manner 31 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE _ DEPUTY MEDICAL EXAMINER X Sept. 23. EXAMINER'S NAME (Type) M.D. Address (Street, city, town, or county) Cumberland. Md. DEP NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 40 8 24e. REC'D BY REGISTRAR 24b. RESISTRAR'S SIGNATURE VS. A15ME 5M 9,60

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 9736 Reg. Dist. No. 09726 2. USUAL RESIDENCE (Where deceased lived. If institutions Resident Stops in au an angel PLACE OF DEATH o. COUNTY be filed **b** COUNTY MARKS AND CITY OF TOWN HE Stide corpore limits, write c. LENGIH OF STAY IN 16 corporate limits, write RURAL and and Placks d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION STREET ADDRESS e. IS RESIDENCE YES 🔲 NO 🎩 NAME OF DECEASED 4. DATE Yeor OF DEATH September (Type or print) lst 61 19 5. SEX 7 MARRIED NEVER MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years lost bijthday) IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours WIDOWED A DIVORCED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHE 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral and Myocardial Deseneration 2 wks Arteriosclerotic cardiovascular disease Conditions, if ony, which vears gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? Diabetes mellitus, mild YES NO IXI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while of work at work 21. I certify that I attended the deceased fram. December Sopt . 1st. ____, and that death occurred at 1:55 DM, from the causes and an the date stated above. 1261 alive on August ADDRESS (Street, city or town, state) **PATE SIGNED** ACTUAL SIGNATURE hill North Mechanic Street PHYSICIAN'S NAME (Type) Thrand F. Doerner. Jr., Cumberland Marvland 220 BURIAL, CREMATION. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE arthur I Hearts

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02525

- 2-

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived, If institution, Rasidence before a dm ssion I. PLACE OF DEATH a. COUNTY a. STATE **6. COUNTY** ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and g va nearest town) write RURAL and give nearest town) 2 d. NAME OF LIGHTER 5 DAYS CUMBERLAND AVE S. d STREET ADDRESS MEMORIAL & WARWICK MEMORIAL HOSPITAL 811 GEPHART executed 3. NAME OF Middle DATE Month OF DECEASED DEATH (Typa or print) FAZENBAKER SEPTEMBER 9 5. SEX 6. COLOR OR RACE | 7. MARRIED |X NEVER MARRIED and last birthday) Months I MALE WIDOWED D VORCED [-1886 Yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working l.fa, aven if ratirad? MARYLAND REPAIRMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending OLIVER C. FAZENBAKER NANCY SLIDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or datas of service) -CUMBERLAND, 214 05 NO 214 05 5209 18. CAUSE OF DEATH [Entar only one cause per Ma for (a), (b), and (c), δ PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** altending Conditions, if any, which (b) been gava rise to immadiata causa DUE TO (a), stating the underlying certificate ha CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS hospital 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of Itam 18.] 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar factory, streat, office bldg., atc.) While Not Whila Hour a.m. at work at work RECTOR attended the deceased from 21. I certify that (I) (this hospital) and that death occured as R. Man the causes and on the date stated above saw the deceased alive on 22a SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. MD 22d. ADDRESS NAME (Type) FUNE DR. BLANE GREENE ST. CUMBERLAND. MD rector, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) iğ a Cumberland. Md 0 Sept. 12. 1961 Burial Hillcrest Burial Park 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE SEP 1 3 '61 Byron Kight arthur S. Kraus 15M 9/60 Cumberland, Md.

LARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

Yaar

19 19 61 IF JINDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO .

(Stata)

22b. DATE

SIGNED

, that (I) (we) last

ON A FARM? YES NO V

ALLEGANY

Days

U . S. A.

(County)

381.

*

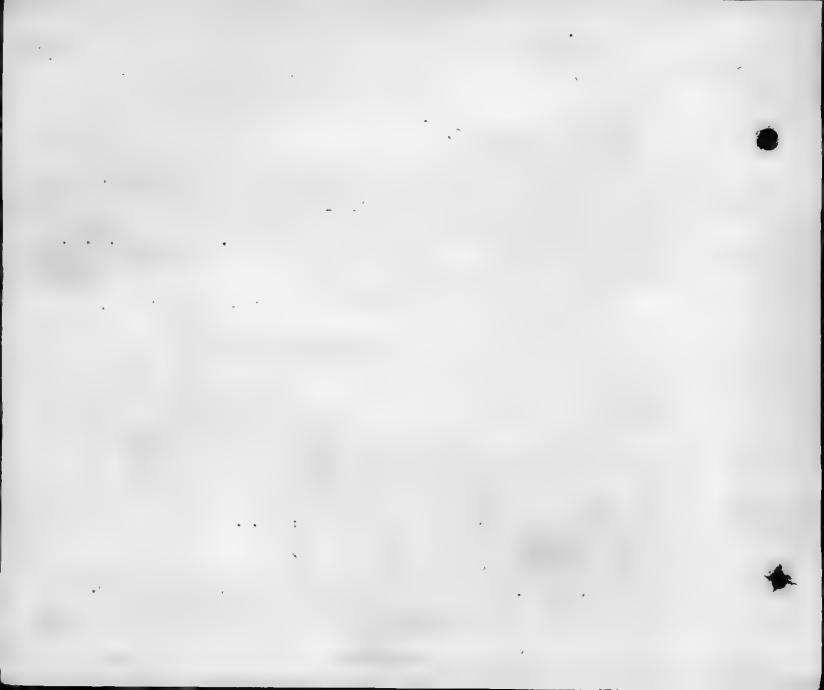
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9739		UI DEATH		- AOMO
1. PLACE OF DEATH	1 2	USUAL RESIDENCE (Where dec		dance before edin som
ALLEGANY	MARYLAND	a. STATE MARMLAND	b. COUNTY ALI	LEGANY
b. CITY OR TOWN (if outs de corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corpo		
CUMBERLAND	9 HRS.	BARTON		
	pital quive streat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	1463.			YES NO
3. NAME OF First DECEASED	Middla	Last 4. DATE	Month	Day Yaar
(Type or print) JEANETTE		GE ORGE DEATH	SEPTEMBER 1	4. 19 61
E SEW			AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWE	DIVORCED 1	-25-1882	79 yrs. Months De	eys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or f	ora gn country) 12. CITIZ	EN OF WHAT COUNTRY
done during most of working life, aven if fatired		BARTON, MD.	i. U.	. S. A.
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAME		
THOMAS POWERS		MARY ANN GUY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 ! [Yas, no, or unkown] (Ifyasgivewarordalesofservice)	SOCIAL SECURITY NO 17 INF	ORMANT	Address	
(ii yasgive war or dates of service)	MEM	ORIAL HOSPITAL -	CUMBERLAND, M	
18. CAUSE OF DEATH [Enter only one cause per li	na for (a), (b), and (c) }	•	A	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Inol was	ulay accept	ent	ONSET AND DEATH
DUE TO	20 444 7000000			
Conditions, if any, which \ (b)				
gave rise to immediate causa				
(a), stating the underlying cause last.				
(4)	TRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE O	ONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
——————————————————————————————————————				PERFORMED?
PART II. OTHER S, GNIFICANT CONDITIONS CON 208. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED. (E)	ntar natura of injury in Part I or Part II	of item 18.)	1 [7] [7]
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 200. PLACE	OF INJURY (Home, farm, 20f. (City	or town) (Count	(Stata)
Hour s.m. While	Not Whila factory,	streat, office bldg., etc.)		
		0-14- 100/ 10	0-14- 1	1 1 (1) (
21. I certify that (I) (this hospital) attend		eath occured at M, from		, that (I) (we) la
saw the deceased alive on	and that de	lain occured at M, from	ine causes and on th	e date stated above
228. SIGNATURE (ATTENDING MED.	STAFF PHYS.	SIGNE
22E. PHYSICIAN'S	M.D.	22d. ADDRESS		_
NAME (Type) DR. EARL R. PAUL			, CUMBERLAND,	N/D.
238. BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR		TION (City, town or county)	(Stafe)
PEMOVAL (Specify)	4 4 4 1 1 1	Cem Mos	Mills	Md
24 FUNERAL DIRECTOR'S SIGNATURE	LAUR e HIII	25a REC'D BY REGIST	RAR 256, REGISTRAR'S SI	GNATURE . ILL
EC PONTE DIRECTOR'S SIGNATURE	1 - 1 00 6	DATE SEP 2 2 '61		
CO Dear Mes	Termport, 111	DATE WALL & Z	Carthung g	Kung



executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MARYLAND

	9739	CERTIFICATE O	F DEATH		0011100
1. 1	PLACE OF DEATH	11.2. 11.2	RUAL RESIDENCE (Where	teceesed lived, If institutions Reside	
0.	. COUNTY		STATE	b. COUNTY	
	ALLEGANY	MARYLAND WE	ST_VIRGINIA _	MINERAL	f
	write RURAL and give nearest town)			porate limits, write RURAL and give	neerest town)
_	CUMBERLAND MO. d. NAME OF HOSPITAL OR INSTITUTION (f not in hospit	12 DAYS WI	LEY_FORD	will be the second of the seco	
ľ	NAME OF HOSPITAL OR INSTITUTION (Fines in hospit	el, give street eddress) d	STREET ADDRESS	the state of the s	ON A FARM?
2	MEMORIAL & WARWICK AVES.				# YES □ NO E
	DECEASED	Midd e	Last 4, DATE OF	Month De	Yeer Yeer
'	(Type or print) DONNA	LYNN G	IOVINALL DEATH	SEPTEMBED	7 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE		9. AGE (In Years IF UNDER TYEAR	IP UNDER 24 HRS.
	FEMALE WHITE WIDOWED		EMBED E 1061	last birthday) Months Days	Hours Min.
10e	1 PARAMET MALLE C		EMBER 5, 1961		OF WHAT COUNTRY
doi	ne during most of working life, even if retired)	or position of its out it.	_		3.A.
	None		MAKILANU	berland U.S	2+/1+
13.	FATHER'S NAME	14. M	OTHER'S MAIDEN NAME		
	MARIO H GLOVIN	ALE	BADDADA ANN	BROWNING	
		CIAL SECURITY NO. 17. INFORM	BARBARA ANN	Address	
(Ye	s, no, or unkown) (Ifyesgivewerordetesofservice)				
-	10 Catice of Denny It.		AL HOSPITAL, C	UMEERLAND, MD.	ITERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line PART , DEATH WAS CAUSED BY:	+ 1 94			NSET AND DEATH
	IMMEDIATE CAUSE (a)	hulal steno	sis I low	er /2 2	_
H	DUE TO	A 0 A	4 8	10	0
	Conditions, if eny, which (b) with	esteral trac	L with	Cerubelle	12 Rays
Ιł	gave rise to immediate cause	0 4 *		+	-
1 1	(a), steting the underlying DUE TO	tuction -			
	couse lest.		-		
Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICATION					YES NO
		BE HOW INJURY OCCURED. (Enter I	seture of injury in Pert I or Pert	F of item 18.)	
ER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1 ". 1		SURY OCCURRED 1 20e, PLACE OF I	NJURY (Home, ferm, ' 20f. (C)	ty or town) (County)	(Slete)
MEDICAL	Hour a.m. While		el, office bldg., etc.)	iy or idwii) (county)	(21010)
×	p.m. 19 et work	et work			
	21. I certify that (I) (this hospital) attende	d the deceased from Se	per 6 1961, 10	Sep. 17, 1961.	that (I) (we) las
			1	the causes and on the	
1	22e. SIGNATURE		occured displaying	in the same and an inc	22b. DATE
ΙI	111 m. taw. XV		TENDING MED.	STAFF	SIGNE
		7.5	YS. DIRECTOR	PHYS. Set	Parad Arabahahahah
	22c. PHYSICIAN'S Wylie M. Faw, Jr	o g MaDa	d. ADDRESS	122 S.Centre St	reet
			BAXEREENEXST	CUMBERLAND, MD.	
		23c. NAME OF CEMETERY OR CRE		CATION (City, town or county)	(State)
	REMOVAL (Specify)	Compat Mamania	7 Panle Cumb	bM brafra	

Sunset Memorial Park

Cumberland, Md 25m. REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE

Cithy S. Hrate

Burial 9-I9-6I Sunset Memo

24 FUNERAL DIRECTOR'S SIGNATURE

James F. Scarpelli Cumberland, Md.

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The law requires that the death certificate be A. OR ATTENDING PHYSICIAN: The law requires that the death may be retained by the hospital or attending physician.

L. DIRECTOR: After this certificate has been signed by the attending a 3 should be detached for use as the burial-transit permit. Then pleas the State Dept, of Health prior to burial, cremation, or removal, and the director, page be filed with the TO HOSPIS death. Pa 15M 9/60

VR A15 (4)



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution; Residence within 24 hours af e. COUNTY **b.** COUNTY d 2 d 2 ATTEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6 hrs. 2- 10min. Charlication D CTIMBURT.AUD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HEART YES NO IX executed 3. NAME OF complete DATE Midd a Month DECEASED OF (Type or print) DEATH CLARA F. GR FRI SEPTEMBER 19 61 27. and cor 京 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 87 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED death certificate be lest birthdey] WIDOWED TY DIVORCED [FEMALE physician 10e. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rio U.S.A. HOUSEVIER VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Mary M. Conard ROBERT TEE FRVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) None No CHART 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c),) INTERVAL BETWEEN signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) has been geve rise to immediate cause DUE TO (e), sleting the underlying ceuse lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO X 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. to 7/27 19 %, that (I) (we) last 19. and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22e. SIGNATURE 22b, DATE, ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Centre Street 23d. LOCATION (City, town or county) 23e. BUR, AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) St. Mary Cemeterv Cumberland, Md. ő. ö 0 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) James F. Scarrekli Cumberland, Md. 15M 9/ DATE OCT 4 '61 arthur S. Thrank

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VR A15 (4) 15M 9/59 ...

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

										-CAQ"	704
1, Pi	COUNTY	Allegan	y	MARYLA	IND	2 USUAL RESIDENCE (Who a. STATE Mary L.		d lived. If institution b. COUNTY	Residence ALLO		sion
b.	RURAL and give ne	-	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If o	iutside carpi		URAL and give	nearest lav	vn)
	Cumber.			4/9/58		U- Cumbe:	rland	i			
d.	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS				ON	A FARM?
	A.	Llegany C	ount	y Infirma	ry	624 G	reene	Street		YES	NO T
D	AME OF ECEASED ype or print)	Nor		Middle V •		Grove Last	4. DATE OF DEATH	Septemb	-11	Day	Year 19 61
5. SE	X	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	Π 8	. DATE OF BIRTH		9 AGE (In years	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.
Fe	male	White	WIDOWE	DIVORÇED		12/6/1876		last birthday) yrs.	Manths Do	ys Haurs	Min.
10c	JSUAL OCCUPATIO	N (Give kind of work o	dane 10b.	KIND OF BUSINESS OR	INDUS'	TRY 11. 81RTHPLACE (State	ar fareign o	auntry)	12 CITIZE	N OF WHAT	COUNTRY?
H	OUSOWIF	ing life, even if retired				Pennay Lva			υ.	S.	<u> </u>
		eorge St	aiga	Iman				eamer			
15 V				SOCIAL SECURITY NO.	17 INI	FORMANT P.O.BO			011/71	}	2 762
₹Ves,	776	f yes, give war or dates of si	BFVICE;	2020				nfirmar	oss Cumb		ia, Ma
	8 CAUSE OF DEA	TH (Feter only one co	use per lu	ne for (a) (b) and (c) 1	_63.45	Takania Com	IUY	TIT TIMEST.	-		ET/MEEN
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY ONSET AND DEATH										
	IMMEDIATE CAUSE (a) CALLEGARIA AT RECEIVE										
	(Canditions, if any, which) (2) arthreling of Species, discoverations										
H	gave rise to immediate cause (a), stating the under. Tying cause last. DUE TO (5) R& CEL 20 - Selensery, Secret.										
	lying cause last.	ne under-	عد (د)	TULED D	ea	revery dec	Leve C	Carps.			
No.	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	(a) 19. WAS	AUTOPSY ORMED?
3											NO [
CER	20a. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in I	art I ar Pa	t II of item 18)			
MEDICAL	Oc. TIME OF INJURY Have a. m. p. m.	Manth, Day, Yea	20d. It While at war	Not while	De. PLA fact	CE OF INJURY (Hame, farmary, street, affice bldg., etc.	20f. (Cit	y ar tawn)	(Cau	inty)	(State)
				ed the deceased fr	TD .	7/2		9/4/61			
	saw the decease	ed alive on 9./.	4/01	1992 7 8m671	ावा वा	and occurred at	M, from	the causes an	d on the c		
	and a solid like	St.		-		ATTENDING ME	ED. RECTOR []	STAFF PHYS X		0.46	SIGNED
;	22c PHYSICIAN'S	ALLAILE	435	121		D. PHYS DIE	RECTOR LA	PHYS IX		9/5	NOT
	NAME (Type)	Dr. Lee	B. M	athows		49 Gree	one S	t., Cum	berla	nd, N	Id.
	BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREO	F	1 Julian	RY OR	CREMATORY	23d JOCA	TION (City, town, o	r county)	Ste	ite)
24 F	LINE L DIRECTOR'S	SIGNATURE	2m	ADDRESS	1	MA	BY REGIS		TRAR'S SIGN.		
1	-			· comes	1	DATESE	1 0	COX	, ad., 10		



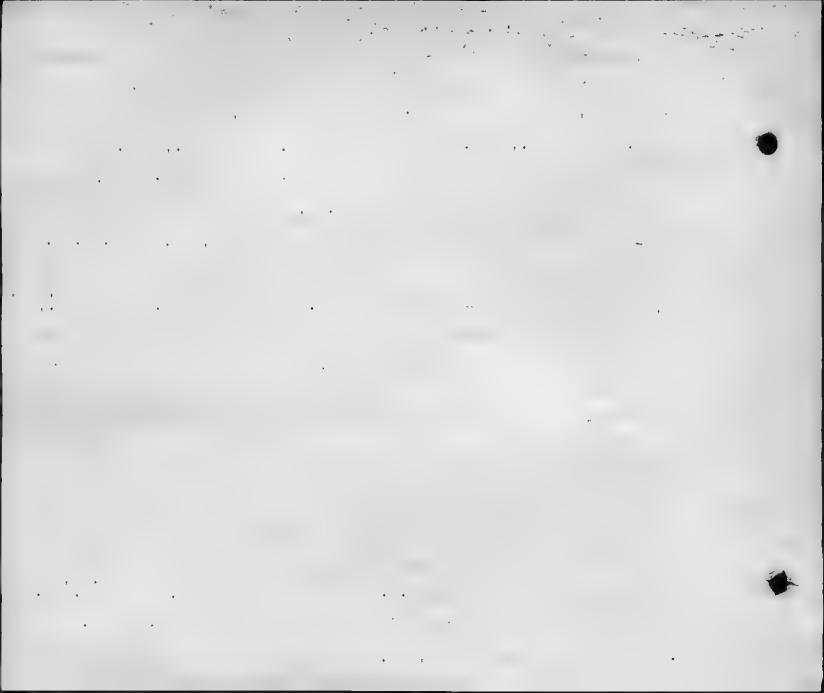
FOR STATE HEALTH DEPT. TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any death, is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur director. Page 4 whould be forwarded to the Chief Madical Examinal's Office along with form DAA. Page 5 may be retain. Or your files.

If PENERAL DIRECTER: Bage 3 should be used as a burial-transit permit. He pages 1 and 2 with the State Board of Mealth, or its damagnated agent, prior to busial, cremation, are removal, and in any elemental. VS. A15ME 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE [Where decessed lived, If institution: Resident Principles of
o. COUNTY Allegany Maryland	a STATE . b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland Allegany c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest lown)
Cumberland. 2 yrs.	
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Cumberland,
	ON A FARM?
164 N. Centre St., Apt. # 2	164 N. Centre St., Apt. 2 125 NO X
DECEASED	Last 4. DATE Month Dey Yeer OF
HOBOLIA RUCH	Hastings DEATH Sept. 2, 1961
7. MAKRIED A. NEVER MAKRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Sept. (, 1912 48 yrs.
10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	
Sales-lady Womens dress s	hop Punxsutawney, Pa. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Reid	Elizabeth Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yos, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address Cumberland, Md.
No. 232-26-9285 Th	omas K. Hastings 164 N. Centre St.,
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CORONARY OCC	LUSION
() a DUETO	
CORONARY SCL	EROSIS
geve rise to immediate cause	V4
(e), stelling the underlying DUE TO	
Cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
C FART II. OTHER SIGNATURE CONDITIONS CONTRIBUTING TO DIAM 201 NO.	PERFORMED?
S CONTRACTOR OF THE CONTRACTOR	YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Pert I or Pert II of item 18.]
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete)
Hour e.m. While Not While et work et work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection X. Inquiry X. and in my opinion
death resulted from. Natural causes XI. Accident . Suid	
	CHIEF MEDICAL EXAMINER
SIGNATURE Benedict Skitarelia	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE POULOUS SOLUTION	DEPUTY MEDICAL EXAMINER X Sept. 2, 1961
NAME (Type) Benedict Skitarelic M.D.	Address (Street, city, town, or county) Rt. # 9 Cumb. Md.
226. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Burial 9/5/61 Circle Hill	Cemetery Punxsutawney, Penna.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
H. Wayne George Cumberland, Md.	DATE SEP 5 '61 Crien & three



TO HOSPINAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completel din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Lages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any everythin 72 hours after death.

N	ARYLAND STATE DEP	ARTMENT OF	HEALTH	
DIVISION OF STATISTICAL I	RESEARCH AND RECORDS, 3	301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
0770	CERTIFICATE	OF DEATH		
9743				OOWO!

Ш	3/43	
1	1. PLACE OF DEATH e, COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution decidents and education)
J	Allegany Maryland	a. STATE Maryland b. COUNTY Allegany
ď	b. CITY OR TOWN (flours de corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ц	write RURAL and give neerest town) La Vale Iri.fe	X La Vale
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	H. STREET ADDRESS 1 a. IS RESIDENCE
]		ON A FARM?
1	Sacred Heart Hospital	IO55 National Highway YES NO
	DECEASED	Last 4. DATE Month Dey Yeer OF
1	(Type or print) Amanda M. Hebe:	
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Female White WIDOWED DIVORCED	1-27-T88
1	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Н	done during most of working life, even if retired)	Germany 21. S. A.
1	13. FATHER'S NAME	14. MOTHER'S MALDEN NAME
1		21 - 6
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	NFORMANT Address
4	(Yes, no, or unkown) (Ifyesgive werordetesofservice)	
1		Chart of Ptos
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSEJ AND DEATH
1	IMMEDIATE CAUSE (6)	oughting that youlang 6 wics
-	4501 DUE TO 0 1	
Н	Conditions, if ony, which) (b)	during generalized
1	gave rise to immediate cause	
	(a), stating the underlying cause last. (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER!	PERFORMED?
	E 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part for Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	((====================================
ı	(4-1)	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
ı	Hour e.m. p.m. 19 el work et work	
	21. I certify that (1) (this hospital) attended the deceased from.	
ı	saw the deceased alive on, 9 54 164 and that	death occured at.3. 440m the causes and on the date stated above.
1	22a, SIGNATURE	22b. DATE
	1 100 1 20	D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.
1	22c PHYSICIAN'S	22d. ADDRESS
ı	NAME (Type) DR. W.P. IMES: M. D.	441 NORTH CENTER STREET
	,) } '	OR CREMATORY 23d, LOCATION (City, fown or county) (State)
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	of Can Calaba Ma
	pure 1/1/61 Dreens	The state of the s
	24 FUNETAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	James Main the, wort.	DATESEP 7 161 arithur & thous

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

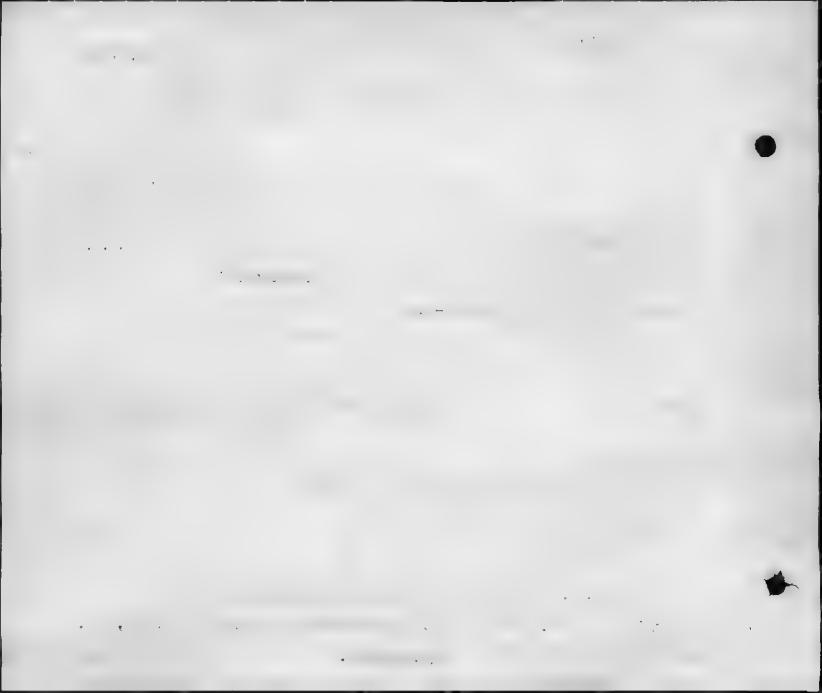
	9744	CERTIFICA	TE OF DEATH		.00	1724
1	PLACE OF DEATH		2. USUAL RESIDENCE (WI			ce befare admission)
	a. COUNTY Allegany	MARYLAND	o. STATE Mary]	Land b	COUNTY A1	legany
]	b. CITY OR TOWN (if autside carporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 15	c CITY OR TOWN (If o	autside carporate limi	ls, write RURAL and	give nearest tawn)
	Cumberland	71 years	Cumbe	erland		
	d. NAME OF HOSPITAL (If not in haspital, give	street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	og institution 337 Virginia Ave.	•	337 \	/irginia	Ave.	YES NO 🔼
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Day Year
L	(Type or print) Hannal	n S.	Heron	DEATH	Sept.	27 1961
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	Days Hours Min.
	Lengte Hitte	/IDOWED DIVORCED		390 71	угз	Days Floors Min.
10	 USUAL OCCUPATION (Give kind of wark dar during most of working life, even if retired) 					IZEN OF WHAT COUNTRY?
L	Housewife	Own Home	Cumberla	ind, Md.		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
L	John Lindeman			nia Deatl		
15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCE: IS, no or unknown, Ill yes, give war ar dates of servin	5? 16. SOCIAL SECURITY NO. 17 1	NFORMANT	_	Address	
	no		dgar E. Her	con, Cumb	perland,	Md.
	18. CAUSE OF DEATH [Enter only one couse	e per line far (a), (b), and (c).				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	212	the Done to	C-Cam		Gerres
	1/4 X DUE TO	17		1 -57		14
	Canditions, if any, which) (b)_	Clerett	471600	ilder	447	12 4 2 2 19
	gave rise to immediate (cause (a), stating the under-					4
_	lying cause last. (c)					
₽ N	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAR	RT 1(a) 19 WAS AUTOPSY PERFORMED?
2						YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II of ite	am 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year	I.	ACE OF INJURY (Hame, form) (Caunty) (State)
MED	Haur a. m. p. m. 19	While Not while at work	1	"		
1	21 I certify that (I) (this haspital) of	attended the deceased fram.	Coreca 19	5910 5 7	CF J. T. 19	6/ that (I) (we) last
	saw the deceased alive an.	1-4 2519 61 and that				
	220 SIGNATURE	Sampa I				22b DATE SIGNED
	· Clay?	- PHOSENI	M.D. PHYS	IRECTOR PHYS	ī p	SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	_		
		E. Durrett, M.D.	236 Vir	zinia Ave	Cumb	erland, Md.
23	BUR AL CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (CI	ly, tawn, or county)	(State)
	Burial 9-29-6I	St. Luke's	Cemetery	Cumber	Land, Md	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b, REGISTRAR'S SI	GNATURE
L	James F. Scarpell	i, Cumberland,	Md - DATE OF	T 4 '61	Centhur 8	Thank



IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. The may be retained by the hospital or attending physician.

Yes TO FUN. AL DIRECTOR: After this certificate has been signed by the attending physician and complete the funeral director, page 3 should be detached for use as the burial-transit permit. Then platter move carbon paper. The should be falled by the funeral be be filled with the State Dept. of Health prior to burial, cremation, mr removed and in any event, within 72 hours after death.

		E DEPARTMENT OF HEA	
9745		CATE OF DEATH	EET, BALTIMORE 1, MARYLAND
PLACE OF DEATH		2. USUAL RESIDENCE (When	a deceased lived, If institution, Residence before admission
ALLEGANN	MARYL	a. STATE MATE ANT	ALT ANT
b. CITY OR TOWN (if outside corporete	I mils. c. LENGTH OF STAY		corporate limits, write RURAL and give nearest lown)
write RURAL end give necrest town), p,v	5 7 0 77 10 79	
d. NAME OF HOSPITAL OR INSTITUTIO	7 - 4	** ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	a. IS RESIDENCE
שרים יויי פיייים	الأساب ال		ON A FARM?
NAME OF	First M ddle	Lest 4. DAT	
DECEASED (Type or print)	DAM H.	HERSH DEA	TH SEPT. 28 1961
	ACE 7. MARRIED NEVER MARRIED		19. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS
MATANY SECTION	WIDOWED DIVORCED		lest birthdey) Months Days Hours Min.
Da. USUAL OCCUPATION (Give kind of		INDUSTRY 11, BIRTHPLACE County & Stole	or foreign country) 12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if r	refired)	1	1
Mechanic L. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	T.S.A.
וו הוו הוו הוו		NATINGS A T	7
5. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO	Amelia I	Address
(es, no, or unkown) (Ifyesgivewerordete	es of service)		
1 18. CAUSE OF DEATH (Enter only	214-05-441:		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B	-^	0 1 1 1	ONSET AND DEATH
IMMEDIATE CAUSI		heart failure	L wontes
	E TO	ti hent disean	6 sum th
Conditions, if eny, which gave rise to immediate cause	(b) and much	u west with	1,000
(a), stating the underlying DUI	ETO A Day	tunkins	281
Ceuse lest,		-	SE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CO	SWOTT DESTRUCTION SWOTT DESTR	SOL NOT KERATED TO THE TERMINAL DISCA	PERFORMED?
200 ACCIDENT WAS UNDERLYING	206 DESCRIBE HOW INJURY O	CCURED. (Enter neture of injury in Part I or Pa	ert I of dem 18.)
OR CONTRIBUTING (CAUSE OF DEA	NER)		
20c. TIME OF INJURY Month, Day	y, Yeer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f.	(City or town) (County) (Stete)
20c. TIME OF INJURY Month, Day Hour a.m.	While Not While	factory, street, office bldg., etc.)	
	,	tram 8-25- 106/	10. 9 = 28
saw the deceased alive on			rom the causes and on the date stated above
22a. SIGNATURE	. 17 /		22b. DATE
L. Klin		ATTENDING MED. PHYS. DIRECTOR	STAFF SIGNE
22c. PHYSICIAN'S	9-	22d. ADDRESS	
NAME (Type)	DING	Ca anama aca	The second secon
	RINGS	METERY OR CREMATORY 23d. L	OCATION (City, town or county) (Stata)
3a BURIAL CREMATION 23b. DATE	THEREOF 23c. NAME OF CER		
38. BURIAL, CREMATION, 236. DATE REMOVAL (Specify)			
Burial Oct.	.2,1961 Rest L	awn Memorial Gard	ens LaVale, Md.
REMOVAL (Specify)	.2,1961 Rest L	awn_Memorial_Gard	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT 9736 n. Residence before edmission) I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions a. COUNTY necessary, actor, Page or. Page ir files. if Health, ALLEGANY MARYLAND b CITY OR TOWN (if outside corporete lim is, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If oulside corporete timits, write RURAL and give negrest town) write RURAL and give nearest town). Rt. # 1 Ridgelev. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Nr. Short Gap. e retain. YES NO Memorial Hospital -- DOA 3. NAME OF Middle 4. DATE Month DECERSED (Type or print) TABLE STREET HOWARD EDWARD 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. s 1, 2, and 3 to age 5 may be 1 and 2 with 72 hours afte 6. COLOR OR RACE T. MARRIED NEVER MARRIED | B. DATE OF BIRTH last birthdey) ! W-DOWED T DIVORCED T Male IOa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. SIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if relired) Elkins. W. Va. U. S. A. Textile employee Celanese Fibres pages 1 within 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Daisy B. Tallman Wade T. Isner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (lifyesgivewerordelesofservice) 217-10-1857 Mrs. Ruth Isner Rt. # 1 Ridgeley, W. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ASPHYXIATION 5 Min " in pencil i IMMEDIATE CAUSE (a) DUE TO Laceration and Maceration of Traches 5 Min geve rise to immediate cause DUE TO (a), sletting the underlying PART II. OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? 8 NO Y 고 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of Item 18.) CAUSE OF DEATH. Automobile Accident 20c. T ME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not White at work el work OR: P Spring Gap 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y. Inquiry T. and in my opinion DERV lease execute the certifical should be forwarded to FUNERAL DIRECTO Accident T. Suicide Undetermined manner Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Sept. 7, 1961 DEPUTY MEDICAL EXAMINER TO Benedict Skitarelic, M.D. Address (Street, city, town, or country) Cumberland, Md. NAME (Type) DEPL 220, BURIAL, CREMATION, 225. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY [22d, LOCATION (City, town, or country) REMOVAL (Specify) Restlawn Mem. Gardens Cumberland, Md. **Z**40 ■ Burial 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Cumberland. Md. VS. AISME H. Wavne George arthur & House DATE 5M 9160

MARYLAND STATE DEPARTMENT OF HEALTH



	MA	RYLAND STATE DE	PARTMENT OF	HEALTH	16-9
DIVISION OF	STATISTICAL RE	SEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE 1	, MARYLAND
	9747	CERTIFICAT	E OF DEATH		
	0031	Items 8 & 9 Fil	m-C207 0/20/	162	-AOMON
PLACE OF DEATH		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7. USUAL RESIDEM	CE Whate decaasad lived, If institu	ulion. La iden la belo
. COUNTY			CTATC	I COUNTY	

	9747	CERTIFICATE	OF DEATH		OOBOB
X	1. PLACE OF DEATH	Items 8 & 9 Film	II .	decaasad lived, If insti	tution. La identa before admissio
4	ALLEGANY	MARYLAND	MARYLAND	b. COUNTY	ALLEGANY
ン	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		JRAL and giva nearast town)
	CUMBERLAND,	34 DAYS	FROSTBURG,	MD.	
	" MEMORIAL HOSPITAL"	not in hospital, giva streat address;	d. STREET ADDRESS	STREET	o, IS RESIDENCE ON A FARM
	XXWARWICK & MEMORIAL	AVENUES		•	AEZ 🗌 NO 🛭
	3. NAME OF First DECEASED	Middle	Last 4, DA'		Day Year
		LIAM M.	JENNINGS DEI	ATH SEPTE	
	4441	7. MARR ED NEVER MARRIED , 8	9-26-1894 1889	The second second second	UNDER 1 YEAR IF UNDER 24 HR.
	10a. USUAL OCCUPATION (G va kind of work	. 10b. KIND OF BUSINESS OR INDUSTR		a, or foreign country)	12. CITIZEN OF WHAT COUNTI
	RETIRED MINER	COAL MINES	WEST VIRGINIA		U. S. A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	ERVIN JENNINGS		ISABELLE BOYCE	<u> </u>	
-	15. WAS DECEASED EVER IN J.S. ARMED FORC		INFORMANT	Address	
		214-01-3763 M	EMORIAL HOSPITAL	- CUMBERLAN	ID, MD.
	1B. CAUSE OF DEATH [Enter only one of		I he a A S	t . / n	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDI TE CAUSE (a)	aunoma / with	on hith melvil	my u K	tung 1 you
	DUE TO	18 leteral Cators	ita		7
	Conditions, if any, which [b]	the state of the s	I		
	(a), stating the undarlying DUE TO	Ro- i Humant	of Vintal	0	7

ı		BETWEEN
l	IP AT I DEATH WAS AUSED BY: Carlinoma Tracken with melisteris to Rt lang	ND DEATH
ı		The same
l	Conditions, if any, which) Belatecul Cotonacts	
ı	Conditions, if any, which (b)	
ı	gava risa to immadiata cause	
١	(a), stating the underlying DUE TO Bonign Hypertropt Prostall	
ı	causa last.	
Į		AS AUTOPSY
ľ	T den arterrorleran	ERFORMED?
1	YES	NO Z

CERTIFICATION 20a. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of Jam 18.)

l	20c. TIME OF INJURY	Month, Day, Yaar	20d. INJURY OCCURRED 2 Whila Not Whila	Oa. PLACE OF INJURY (flome, farm factory, streat, office bldg., etc.		(County)
	p.m.	19	at work at work			
	21 I contidue that	(I) (this hospital)	attended the deceased	from Imm.	196/10 2	Sant 196/ that

(I) (we) last .l., and that death occured at the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURI MED STAFF SIGNED DIRECTOR PHYS.

PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAN ORMER

CENTRE ST., CUMBERLAND, LOCATION (City, fown or county)

(Stata)

23a. BUR AL, CREMAT ON,
REMOVAL (Spac fy)
BURIAL 23c. NAME OF CEMETERY OR CREMATORY F'BG.

MEMORIAL PARK FROSTBURG.

ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE FROSTBURG, MD.

25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE SEP 2 6 '61 Clathing & House

d in by the funeral es 1 and 2 should The law requires that the death certificate be executed within 24 hours after any event, within 72 hours after death death. P. F. Thay be retained by the hospital or attending physician.

IO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho VR A15 (4) 15M 9/60

OR ATTENDING PHYSICIAN: HOSPI



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S FOR STATE 2. USUAL RESIDENCE (Where decessed lived, if institution Kastdened before edmission) 1. PLACE OF DEATH e. COUNTY necessary, ector. Page your files. n. STATE 6. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end a ve neerest town) d.rector. write RURAL and give negrest town your Cumberland Route #1 20 Years Cumberland Route d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? is 1, 2, and 3 to the fur age 5 may be retain. Ind 2 with the State B 72 hours after death. YES NO A 3. NAME OF Middle Inch 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH 16 61 Kenneth Johnston Sept 19 Woodrow 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS B. DATE OF BIRTH last birthdey) Months Male WIDOWED ! DIVORCED Nov 9,1913 WIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stelle or fore gn country) 12 CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page F done during most of working life, even it retired) U. S. A. Tri State Roffing Company Maryland Laborer pages 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jonas Johnston Rosanna Starkev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Route #1 pencil in Item 18. permit. (Yes, na, or unkown) | (Ifyesgivewerordelesatservice) Mrs. Beatrice V. Johnston Cumberland, Md 21/4-07-1031 certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Examiner's Office along e used as a burial-transit stion, or removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronary Sclerosis with Thrombosis. Left IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis Conditions, if eny, which gave rise to immediate cause "pending" DUE TO (a), steting the underlying exuse feet. cremation, PART II. OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 19. WAS AUTOPSY PERFORMED? ይ the word YES Y NO -Acute Fatty Liver; Rleeding Esophageal Varices; Aspiration - Terminal Medical should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. writing to Chief A Page 3 s. e 3 20d. NJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year to the Chi factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy (7). Inspection (7) Inquiry 197 and in my opinion MEDICAL forwarded to forwarded to IL DIRECTO Natural causes X Accident Suicide Homicide | Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED shauld be for DEPUTY MEDICAL EXAMINER X Sept. 16. 1961 EXAMINER'S Address (Street, city, town, or county) Gu berland. NAME (Type) Benedict Skitarelic, M.D. DEPU 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g Greenmount Cemetery Cumberland Maryland 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME 113 Ruth E. Silcox Cumberland Maryland DATEP 1.9 161 Collins & - Hears 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT

is necessary, lirector, Page r your files, 1

ODEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please exactly the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furcil to 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to ITUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Sparon or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPU VS. ATSME 5M 9:60

MARYLAND STATE DEPARTMENT OF HEALTH

00220

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9749 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH			1 2 TIGHTAL BEGINER	MCE (Where deceared	I'vad If institution, Pass	dence before edmission)
	e. COUNTY			e. STATE		b. COUNTY	delice perora edili-ssion)
Ы		TCA TY	MARYLAND	1'27	reland	All	erany
М	b. CITY OR TOWN (if	outside corporete fimits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outs de corporete lum	nits, write RURAL and gi	ive neerest town)
Л	Gramb -		1 Day	X 2,,,,,,,7	near Claton		
П		AL OR INSTITUTION (if not in hos	ollal give street address)	d. STREET ADDRESS	HEAL OTHER	<u>m</u>	I D. IS RESIDENCE
5		H art Hospital	onor, give anner address;	Route	44.		ON A FARM?
	3. NAME OF	First	Middle	lasi	4. DATE	Month D	7 461
-	DECEASED	1 2134			OF OF	Month L	Dey Yeer
₋∦	(Type or print)	WAT TER	FRANCIS	HIFER	DEATH Se	optember 1	4. 19 61
	SEX	6. COLOR OR RACE 7. MARRIEL	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE	
3	Male	White WIDOWE		Fab. 18, 18	92 (9	Months Day	rs Hours Min.
1	100. USUAL OCCUPATIO	ON [Give kind of work 10b. K.	ND OF BUSINESS OR INDUSTR			12. CITIZE	N OF WHAT COUNTRY?
1	Railroader		7 aham Chas? C.	03.31	M		C .
1	13. FATHER'S NAME	ID GCI	lehem Steel Co	14. MOTHER'S MAIDEN	rary Land	igh U.	S. A.
ı							
Į,		rd Kifer			ne Stump	Ti i	
	15. WAS DECEASED EVEL	R IN U.S. ARMED FORCES? 16. :	SOCIAL SECURITY NO. 17. I	NFORMANT		Address 1734	Bayard Ave.,
ı	N _O	, ,	Hou	well Kifer,	Ral +imora	Marriand	(22)
ı	18. CAUSE OF DE	ATH Enter only one cause per h	ne for (e), (b), end (c).]	DANAM ANDROPED DE L	my some ways a contract	1	INTERVAL BETWEEN
1		WAS CAUSED BY	CORONARY OCCLU	CTON			ONSET AND DEATH
1	110-		NOTEO WATER OOCHO	3 TOW			24 Hrs.
1	720.1	DUE TO (Coronary Scler	osis with Th	mombosis .	Tops	ol. 17
Į	Conditions, if eny,	[0]		ONLY WEGGE IN	. COLOCULO II	Tig. n	24 Hrs.
1	(a), stelling the un-	DATE TO					
1	cause lest.) (c)					
1	Z PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART 1(
ł	Myrogardi	al Hanastsonha	Monteed . Mos				PERFORMED?
1	20a. EXTERNAL CAL	al Hypertrophy,	Marked Mesell	oter nature of injury in Pa	OSIS Lerm	inal	11.3 00 140 171
1	PART II. OTHER: Myocardi 20s. External Cau Primary or Cause of Death.	ITRIBUTING 🗆	12 110 11 11 10 11 1 0 0 0 0 1 1 1 1 1 1			,	
п		1					
1	20c. TIME OF INJUR	Y Month, Dey, Year 20d. II While	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, far ory, street, office bldg., et-	rm, 20f. [Clay or lowr	n) (County)	(State)
1	Z p.m.	19 et work					
-	21. I certify tha	It I took charge of the rema	sins described above, he	ld an Autopsy (74)	Inspection v.	Inquiry : a	nd in my opinion
		om: Natural causes		de Homicide		ined manner	
		0 17	//	CHIEF MEDICAL	EXAMINER		
Y	ACTUAL /	Loundent	Sketareli	ASSISTANT ME	DICAL EXAMINER		DATE SIGNED
	SIGNATURE	CENCULAX	MARKEN			1	
	EXAMINER'S NAME (Type)	Damadiat Class	Dan M. D.	A d door 15to of	attended to the state of the st	Sept. 14, 1	
1	220. BURIAL, CREMATION	Benedict Skitaro	226. NAME OF CEMETERY OF	CREMATORY	city, lown, or county)	ly, Cumb and an	d, Mdstal =
	REMOVAL (Specify)						12.214)
	Burial	9/16/61	Ebenezer Metho				
	23. FUNERAL DIRECTOR		ADDRESS	24e. RE	C'D BY REGISTRAR 24	b. REGISTRAR'S SIGN	
1	Rolm J. I	Haffer. Cumberlar	d. Varyland	DATE	#EL 1 9 .91	arthur &	Kraus



9750

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P :

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

_					$\alpha \alpha $
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived If institution Land b. COUNTY	ALLegany
b. CITY OR TOWN RURAL and give	(If outside corporate limits, writ	c. LENGTH OF STAY IN 16	CITY OR TOWN (II	f autside carporate limits, write RU	RAL and give nearest town)
	rland	7/20/60	Cumbe	eriand	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stre	,	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Allegany Col	mty Infirmar	1 5tt I	Wewhampshire	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Albert	WEST	Kline	DEATH September	er 14, 1961
S SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years last birthday)	Months Doys Hours Min.
Male	White wind	WED DIVORCED X	1/7/1878	83 yrs.	Months Doys Hours Min.
10a USJAL OCCUPAT during most of wo	ION (Give kind of work dane In	06. KIND OF BUSINESS QR INDU	STRY 11 BIRTHPLACE (Slot	te or fareign country)	12. CITIZEN OF WHAT COUNTRY
Retired:	Dairyman	Dairy	Virginia	a (Page Co.)	U. S. A.
13 FATHER'S NAME			14. MOTHER'S MAIDEN	INAME	
_	Millard Kli			Smith	
	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 I	NFORMANT P.O.B		"Cumberland, Mo
NO		217-10-7212A	Allegany (County Infirm	ary records:
1 1	EATH [Enter anily one cause pe	Wind and a second	7	p +	INTERVAL BETWEEN ONSET AND DEATH
PART I DE	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	LUDEN Sili	dechee	Later, Sceen	Le Consein And Beauti
422	/ DUE TO	<i>l</i> .			
Conditions, if		Seteneo Sol	energy		
gove rise to couse (a), stating			• 12		
lying couse lost					
PART 11. O'	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATIO					YES NO
	VAS UNDERLYING COMBON C	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	n Part I or Port II of item 18.)	
		Z-	ACE OF INJURY (Hame, factory, street, office bldg., e	rm, 20f. (City or town)	(County) (State
Hour om.		ile Nat while ''' vork ot work	ciory, sireer, office blog., e	ma. j	
		inded the deceased from	7/20/60 1	9 109/14/61	
	ased alive an 9/14	/61 19 5:40 P	the accurred at	M. from the causes and	an the date stated above
22a SIGNATURE	// 1 1		Sediff Seconda St		22b. DATE
	Kirwellach	cert a	M.D. PHYS	MED. STAFF DIRECTOR PHYS	9/15/61 SIGNED
22c PHYSICIAN'S NAME (Type)			22d ADDRESS		
NAME (Type)	Dr. Lee B. 1	Mathews	49 Gr	eene St., Cum	beriand, Md.
230 BURIAL, CREMATE	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, ar	county) (State)
REMOVAL (Specific Burial	9/17/61	Hillcrest Bu	rial Park	Cumberland	Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25o. RE	C'D BY REG STRAR 256 REGIST	RAR'S SIGNATURE
Ruth E.	Silcox Cu	mberland Mary	fland DATE	SEP 1 8 '61	Thun S. Humit



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, li ce before admission) a. COUNTY e. STATE b. COUNTY ALLEGANY **ALLEGANY** MERYLAND b. CITY OR TOWN (if outside corporete lim'ts, c. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) FROSTBURG CUMBERLAND 29 DAYS Ave street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? HOSPITAL YES NO CHARLES STREET 3. NAME OF DATE Middle Last DECEASED OF (Type or print) DEATH ANTHONY PORT IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF LINDER I VEAR lest birthday) Months Hours Days MALE WIDOWED DIVORCED yrs. 6-18-1903 10a. JSLAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SHOP BARBER OWN FROSTBURG, MD. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANTHONY LA PORTA SADIE BOLLINO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesquewar or detes of service) MEMORIAL CUMBERLAND . MD . 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which (b) geve rise lo immediele cause DUE TO (a), stating the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IF 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF IN. JRY Month, Day, Year factory, street, office bldg , etc.] . While Not While Hour a.m. et work at work 19 (.f., that (i) (we) last 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive or ATTENDING 22b. DATE SIGNATURE SIGNED MED STAFF DIRECTOR PHYS. STICIAN'S 22d. ADDRES9 NAME (Type) GEORGE ALGONQUIN HOTEL, CUMBERLAND, MD. 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23 b (Specify) F'BG. MEMORIAL PARK 256. REC'D BY REGISTRAR 256. REGISTRAR SHANNE ADDRESS AUNIRAL DIRECTOR'S SIGNATURE SEP 25 FROSTBURG. -1 S. Mays

by the and 2 death.

completely

and

physician

aften

signed

been :

certificate

After

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may be reta

death. Pro C FUNERAL

VR A15 (4)

15M 9/60

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burial-fransit al, cremation

the

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carbon

remove

ding pl

), J P, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part and have be retained by the hospital or attending physician.

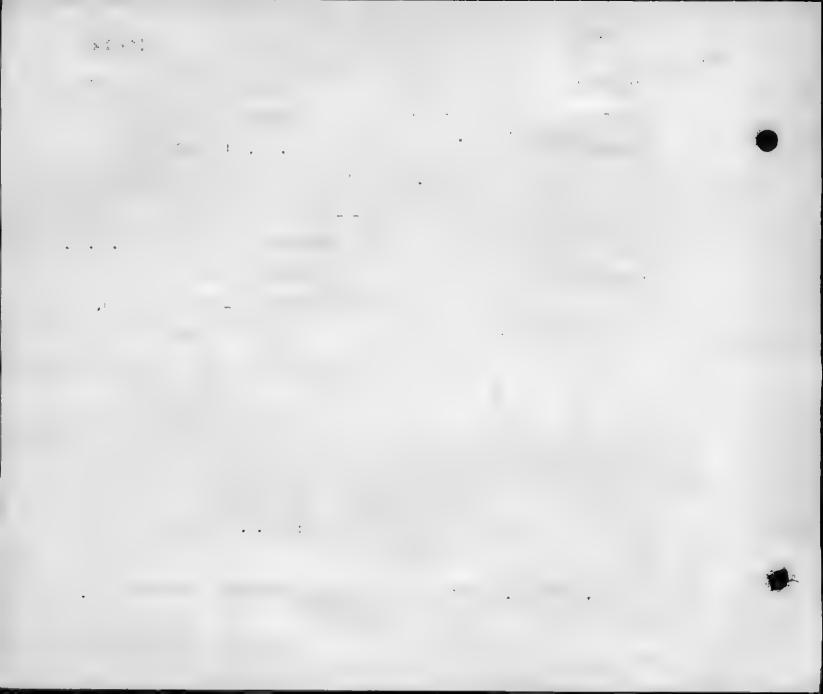
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. It is by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See I and 2 should be disched for use burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09742

Y	PLACE OF DEATH	2		here deceased lived, If institution: Residence before edmission)
7	A M. B. Million A. B. Aller	ARYLAND	a. STATE MARYLAN	D ALLEGANY
	b. CITY OR TOWN (if outs'de corporete limits, c LENGTH	OF STAY IN 16		de corporate limits, write RURAL end give neerest town)
	write RURAL and give nearest town) CUMBER LAND	DAYS	CUMBERL	A ND
`	d. NAME REMORTAL OR INSTITUTION III AGAIN DOSPITAL SIVE STREET		d. STREET ADDRESS	WILLIAMS ROAD 6. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First HAPRISO	ddle	Lest 4. D	ATE Month Day Yeer
-	(Type or print) CHARLES	ès:		EATH SEPTEMBER 12, 1961
/	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	AARRIED 8. E	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Months Days Hours Min.
	MALE WHITE WIDOWED X DE	ORCED []	-2-1873	88 yrs. Monitis Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (County & St	ate, or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	Conductor BEC RR 13. FATHER'S NAME	1.	MARYLAND 4. MOTHER'S MAIDEN NAME	Oldtown U. S. A.
	NIMROD LITTLE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECU	RITY NO 17, 1N1	LOTTIE AL	Lire Address
	(Yes, no, or unkown) (Ifyes give war or dates of service)			L - CUMBERLAND. MD.
	NO 18. CAUSE OF DEATH (Enter only one ceuse per tine for (e), .b)		HON THE TOOL THE	INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY:		and a de.	ONSET AND DEATH
	IMMEDIATE CAUSE (e)		anterior	300
	33/X DUE TO GO	-1	A.Tour	0
	Conditions, if any, which geve rise to immediate cause	72	1 Daniel	
	(a), stating the underlying DUE TO			
	ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO	DEATH BUT NOT	PELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 3(a)1 19. WAS AUTOPSY
	CATIO			YES NO
J	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JURY OCCURED (I	Enternature of noury in Pert I o	or Part II of Item 18.)
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCU	e factor)	E OF INJURY (Home, Ferm, 20 y, street, office bidg., etc.)	f. (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the de	ceased from	2:55 P.M	to. 9. 1. 2. , 19.6.1, that (1) (we) las
	saw the deceased alive on9./	/and that d	eath occured at	from the causes and on the date stated above 22b. DATE
	226. SIGNATURE		ATTENDING MED.	STAFF SIGNED
	Jonge H. More	M D.	PHYS DIRECTO	OR PHYS.
	NAME (Type DR. GEORGE M. SIMONS			OTEL, CUMBERLAND, MD.
		OF CEMETERY OF		LOCATION (City, fown or county) (State)
	REMOVAL (Specify)	mount Cem		Cumberland, Maryland
	Purial 19/15/01 Gran		25- DEC'D OV	DECISTOAD ORL DECISTOAD'S SIGNATURE
	John J. Hafer, Cumberland, Mar		DATE SEP 1	8'61 Crithun X. Thame
	f.C.M. C. Perfer & On you T. Can	V	INATE	



MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I'ved, If 'nstitution: Residence before admission) **EII COUNTY b. COUNTY** EGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outs'de corporata limits c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give necrest town! DAYS CUMBERLAND CUMBERLAND .= within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d_STREET ADDRESS . IS RES DENCE ON A FARM? MEMORIAL HOSPITAL VALLEY YES NO X 3. NAME OF Middle DECEASED (Type or print) DEATH DARYI 61 A . MA NGE S 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. 19. AGE (In years 20 (market and Months Hours MALE WIDOWED [DIVORCED I physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Clerk-Shoe Store MARYLAND-CUMBERLAND U.S.A. LAZARUS SHOE DEPT. 13. FATHER'S NAME please .5 aftending ETHEL HOEY JOHN MANGES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then Address (Yes, no, or unkown) ((If yes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Entar only one per line for (e) (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions if any, which geve rise to immadiata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z use prior 20a. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of Item 18.) fo OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY-OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (City or town) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) While Hour a.m. at work at work DIRECTOR:, that (I) (we) last, and that death occured at ... from the causes and on the date stated above. saw the deceased alive on 22b. DATE **ATTENDING** SIGNED WED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) CENTRE STREET, CUMBERLAND, MD. eth. Pe (Stete) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0:53 Bu rial Park Cumberland . Md . Sunset Memorial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cultury S. House James F. Scarpelli, Cumberland, Md. 15M 9/60 DATE OCT 9



VR A15 (4) 1SM 9/59

MARYLAND	ST-ATE	DEPARTMENT	OF HEALTH
ONLINE STATISTICAL	DECEADOR	AND DECODES	ALTINOPE & ALAD

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 9754

		9754		CERTIF	ICATE	OF DEA	IH		0974	13		
1.	PLACE OF DEATH	egany		MARY	LAND 2.	usual residence state lan	E (Where deceas	ed lived If inst	itution: Resid	ence before	e admission)	
	b. CITY OR TOWN (RURAL and give n	If outside corporate limit earest town)		NGTH OF STAY		c. CITY OR TOW	N (If outside corp				rest town)	_
_	d. NAME OF HOSPI OR INSTITUTION R	oning TAL (If not in hospitol, g ockville	Street oddres	is)		d. STREET ADDR	ESS	ille S	treet	Te	ON A FARI	M?
3.	NAME OF DECEASED (Type or print)	WILLIAM For	st	Middle H •		MARTIN	4. DATE OF DEATE	9/20,	Month /1961	Day	1001	
	Male Male	White	WIDOWED	DIVORCE	1	ATE OF BIRTH 2/8/188	Y	1 -			Hours N	HRS
100	Retired	ON (Give kind of work of king life, even if retired) Viner		of Business of ine	R INDUSTRY	_	(Stote or foreign	country)		U.S	• A •	ITRY?
13.	FATHER'S NAME				1	4. MOTHER'S MAI	DEN NAME					
	Matther	w Martin			1	Rebec	ca Hill	L				
		R IN U. S. ARMED FOR (If yes, gave wor or dates of se		L SECURITY NO.	17 INFO		h Marti		Address onacoi	ning	. MD.	
	18. CAUSE OF DEA	ATH [Enter only one co				. (WIRE),			INTE	RVAL BETWEE	EN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	A 0	hom	10 /	Munka.	moditio	•		ONS	DALA	TH C
	422.1	DUE TO		1		17000	7 4 1 7 1 3				7	-
	Conditions, if o	ony, which } (b)	A	terio	- 54	lerosi	C			15	YROY.	5
	gove rise to i couse (o), stating	mmediate (4 - 4 - 4					/	
	lying couse lost.	(c)										
CERT. FICATION	PART II OTI	HER SIGNIFICANT CON	DITIONS CONTR	IBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION	GIVEN IN P	ART 1(o) 19	PERFORMEI YES NO	D?
	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OF	CCURRED. (E	inter nature of inju	ury in Port I or Po	ort II of item 18)			-4-4
MEDIC AL	Hour o.m.	RY Month, Doy. Yes	While I	OCCURRED Not while	20e. PLACE foctory	OF INJURY (Home, street, office bld	s, farm, 20f. (Ci g., etc.)	ty or town)		(County)	Į5	State
	21 1 certify the	at (1) (this haspital				h occurred at					at (I) (we) stated ab	
	220 SIGNATURE	Paul BS	Wilson	m	M D	ATTENDING PHYS	MED. DIRECTOR		Se	2/2	226. DA SIC	
	22c PHYSICIAN S NAME (Type)	Paul R. W	Vilson	M.D.		22d. ADDRESS	Pied	mont	W	a,	,,, -	
23	BURIAL, CREMATIC	ON, 23b. DATE THEREO	F 23c.	NAME OF CEME	TERY OR CI	REMATORY	23d. LOCA	ATION (City, to	wn, or county	1	(Stote)	
	Burial	9/22/	1961	Memoria	al Pa	rk	Fre	stbur	g, MD			
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		250	REC'D BY REGIS	761 29b. F	C.Jun	SIGNATUR		
	GEORGE	EICHHORN	LON	ACONING	G. MD	DA'	TE OFF 45	VI	Custowy.	a. /UM	Am.	



15M 9/60

CERTIFICATION

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY **ALLEGANY** MARYLAND ALLEGANY b. CITY OR TOWN (if outs da corporate limits. c. CITY OR TOWN If outside corporate I'm ts, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerast town! CUMBERLAND **OLDTOWN** d. NAME OF HOEMOR! ALTITUTION ARW a. IS RESIDENCE ON A FARM? YES NO X HOSPITAL 3. NAME OF Midd a 4. DATE Lact DECEASED OF (Type or print) DEATH 1961 THOMAS JOHN ATEE 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years I IF JNDER 1 YEAR DATE OF BRIH IF UNDER 24 HRS. last birthday) Months Davs Hours MALE WIDOWED X D VORCED 10a. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stal , or foreign country) ; 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratired) OLDTOWN, MD. U. S.A. Trankman, Retired 14. MOTHER S MAIDEN NAME JOHN MC ATEE HESTER NEUSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO 17 INFORMANT Addrass (Yas, no, or unkown) (If yas giva war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c)., INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata causa DUE TO (a), stating the underlying causa last. PART LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCR BE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (CU) or town) (County) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work p.m. , and that death occurs at P.M. from the causes and on the date stated above. 22b. DATE ATTENDING STAFF SIGNED

21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on.

PHYS. DIRECTOR 22c. PHYSIZIAN'S 22d. ADDRESS RICHARD

CENTRE ST., CUMBERLAND, MD.

PHYS.

(Stata)

23d, ŁOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY ldtown Mothodist Cometery

ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John J. Haf r. Camboulard, Maryland

23a, BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

Cithur & House



VR A16 (4) 1SM II/S9 M

	DIV	SION OF STA	ATISTICAL RESE	ARCH AI	ND RECORDS	- BALTI	MORE 1, N	ARYLAND		
	075	C	CERTI	FICA	TE OF D	PEATH			OOM	
1. PLACE OF DEATH o. COUNTY	Allega	ny	MAR	YLAND	a. STATE	SIDENCE (Wh		lived. If instituti b. COUNTY		e damissian)
b. CITY OR TOWN (RURAL and give n	If autside carporate lim	nits, write c.	LENGTH OF STA	Y IN 16				ate limits, write f	RURAL and give nea	
	erland		8/3/61		* \$. C	umber	land			
	TAL (If nat in haspital,	give street add	lress)		d. STREET					e. IS RESIDENCE ON A FARM?
	Allegany	County	Infin	nary	7	'05 Ma	rylar	d Aven	130	YES NO 1
3. NAME OF DECEASED	Fi	rst	Middl	é	to	ast	4. DATE OF	Mai	nth Da	y Year
(Type ar print)	Ro		C.		Mill	er	DEATH	Septem	ber 6	. 19 61
5 SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	RED 🔲	. DATE OF BIR	тн		9. AGE (In years last birthday)	Manths Days	IF UNDER 24 HRS.
Fema 1e	White	WIDOWED		_		38.2		79 yrs.	Mulins Days	Hours Min.
10a. JSUAL OCCUPATION during most of wor	ON (Give kind af wark king life, even if retired	done 10b. KIN	ID OF BUSINESS	OR INDUS	TRY 11. BIRTHI	PLACE (State of	ar fareign ca	untry)	12 CITIZEN OF	WHAT COUNTRY
Housew			vn home			arylar			U.	S. A.
13. FATHER'S NAME					14. MOTHER	'S MÀIDEN N	IAME			
	homas O'N					Marga	aret		_	
	R IN U.S. ARMED FOI (If yes, gave war or dates) of	RCES? 16, SO(service)		2 17 IN	FORMANT P	.0.Box	£ 599	Add	ressCumber	Land, Md
No. i			None		legany	r Cour	aty I	nfirmar	y recor	ds.
1B. CAUSE OF DE	ATH [Enter anly ane	euse per line fo	ar (a), (b), and (c	<u> </u>	-1	4	m/c_	- Ac-	INTE	RVAL BETWEEN
PARI I. DEA	TH WAS CAUSED BY	Alexan	Repli	level	EKA, O	Eiger	the fee	Lary Si	uela	
422.	422 DUE 184									
Canditians, if a	my, which) (t	arli	Lie.SI	C. B.L.	CALLY.	e Cer	chas	Petri	· Con	
cause (a), stating lying cause last.	the under-	3) Cere	ill-aas	Ele	Lepis	1120	,			
PART II. OTI	HER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART 1(a) 1	PERFORMED?
20o. ACCIDENT W	AS LINDERLYING TI	20h DESCRIB	BE HOW INJURY (CCUPPED	(Enter nature	of inversion P	Port Lar Part	II of item 181		YES NO 🐧
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIE	JE 11011 1143081 (JCCOKKED	. (Enter notore	or injury in r	gir i di ruii	ii di iiem ib.j		
	Y Manth, Day, Ye		RY OCCURRED	20e. PLA	CE OF INJURY	/Hame form	, 20f. (City	ar tawal	(County)	(State)
Hour a.m.	19	White	Nat while	fact	ary, street, affi	ce bldg., etc.) 201. (City	ai rawiij	(Coonsy)	(Sidie)
			at wark		0.40.445			11 11 -		
21 I certify the	at (I) (this haspita	l) attended	the deceased	I fram.	0/3/61	12.	, .ta _ <u>.</u>	1/6/61	, 19 , th	at (I) (we) last
saw the decea	sed alive an 9/	0/01	18 2:3	Mhaf a	dtil accurre	ed at	M, fram t	he causes ar	nd an the date	
III. SIGNATURE	15 0/	1 4 . /	110		ATTENDIN		D _	STAFF		22b. DATE SIGNED
22c PHYSICIAN'S	20 131.626	RIALL	333 Pal	No. of No.	Z2d. ADD		RECTOR D	PHYS. 1	9	/7/61
NAME /Tyrie) -	Dr. Lee B	. Matl	hews				eene	Street	, Cumbe	riand,M
23g. BUR AL, CREMAT C	N. 23b. DATE THERE	-	3c NAME OF CEA					ON (City, tawn,		(State)
Burial	9/9/61	Į I	Hillcre	st B	urial	Park	Cumb	perland	. Maryl	and
24. FUNERAL DIRECTOR		Camb	ADDRESS	N .4			BY REGISTR	AR 2Sb. REGI	STRAR'S SIGNATUR	E
H. Wayn	e George	C d III D	erland,	Md.		DATESEP	11 '61	Cut	huy & Krays	E

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 1SM 9/S9

MARYLAND	STATE DE	PARTMENT	OF HEALT	'H 🤌
ON OF STATISTICAL	RESEARCH AN	D RECORDS — B	ALTIMORE 1, N	ARYLAND

9757 DIVISION CERTIFICATE OF DEATH

	0	9	7	4	6	
_						_

1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND 2	A STATE	e deceased lived If institution b. COUNTY	n. Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURA, and give hearest town) RURAL—Barton	ength of stay in 16 77 Yrs. F	c. CITY OR TOWN (IF outsideral—Barton	side corporate limits, write RU	RAL and give nearest town)
d NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION 3 Mi. N.E. Barton	iss)	3 Mi. N.E.	Barton	e IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print) Charles Wa	Middle Ashington M	loore (OF DEATH Sept	20 1961
S SEX 6 COLOR OR RACE 7. MARRIED WIDOWED		Mar. 5,1884		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Warmer Own	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or Maryland	fareign cauntry)	12.CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Henry Moore		Ellen Du	ckworth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI			Moore-Barton,	_
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). 5 40. () DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONT	stric u		al disease condition give	INTERVAL BETWEEN ONSET AND DEATH STATE OF THE STATE OF T
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while factor	(Enter noture of injury in Pa E OF INJURY (Home, form, ry, street, office bldg., etc.)		(Caunty) (State
21 I certify that (I) (this haspital) attended saw the deceased alive an		ATTENDING MED	M, from the causes and	, 19, that (I) (we) last d an the date stated abave 22b DATE SIGNED
BELLOVAL Kancibul	NAME OF CEMETERY OR C	CREMATORY	Near-Barton	Allegany-Md.
24 FUNERAL DIRECTOR'S SIGNATURE WE	esternport, Mo	2Sa. RECED	BY PEGISTRAP 25b REGIS	TRAR'S SIGNATURE



VS. ATSME(5) 5M 9/55

	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 0974
E EXAMINER S	Reg. Dist. No
	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence be
MARYLAND	O. STATE MARYLAND 6. COUNTY ALLEC
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give a
5 YRS.	CORRIGANVILLE MO
	L EXAMINER'S

1.	PLACE OF DEATH			2. USUAL RESIDENCE (WI		a/1	ce before admission)
L	e. COUNTY	Allegany	MARYLAND	O. STATE MARY	1LAND	B. COUNTY ALL	EGANY
ı	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate (mits, write RURAL and	give nearest torn)
		mberland	JYRS.	CORRIGA	NUILLE	- MO	•
П			in hospitol, give street oddress)	d. STREET ADDRESS		,	IS RESIDENCE ON A FARM?
	Memor	rial Hospit	alDOA				YES NO
3.	NAME OF DECEASED (Type or print)	lames RA	Middle NDOLP14-	Lost 4 MURPHY	OF DEATH	Month SEPT. 7	Doy Year 7 19 61
5.	SEX	6. COLOR OR RACE 7- A	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE	th years IF UNDER I	
L	MALE	1	OWED DIVORCED D	14.14, 1896	6-	Months D	lays Hours Min.
	during Most of Working Property of Working Pro		106. KIND OF BUSINESS OR INDUST FELDSTEN / REN	SWANTER	GARRE	- Como	EN OF WHAT COUNTRY
ľ	J. PATRICK'S NAME	- 10 M.	a M Li Ci a	14. MOTHER'S MAIDEN NA	M	- 1	
-	E WAS DECEASED SVI	T IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 117. IN	C.ムA·KA IFORMANT.	- 1114E	K	
	es, no, or unknown	(If you give yor or dates of service)	220-10-1600 M	is Hattice	I murpe	La Corraga	coule me
Г		TH [Enter only one cause pe	* * * * * * * * * * * * * * * * * * * *			0	INTERVAL BETWEEN
L	PART I. DEAT	H WAS CAUSED BY: MMEDIATE CAUSE (6)	CORONAR	Y OCCLUSIO	N		SUDDEN
ı	17. 11	DUE TO					
	Conditions, if a		CORONA	RY SCLEROS	318		
	gove rise to immed (o), stoting the a						
L	couse lost.) (c)					
CEPTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMIN	IAL DISEASE COND	OTTION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1	200. EXTERNAL CAU	SE WAS 206. DE	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port I	or Port II of item	18.)	
		ALKIBOTING ET					
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year	E-sta	E OF INJURY (Home, form, ery, street, office bldg., etc.)	20f. (City or town	n) (Cour	ity) (Stote)
MED.	Hour e.m.	is	While Not while TOCKS	ry, sileer, dirice blug., dic.;			
	21. I certify th	at I took charge of	the remains described abo	ve, held an Autopsy	Inspect	ion 📝, Inquiry	and find the
1	death resulted	from: Natural caus	es 🔀 // Accident 🔲, Suid	ide 🔲, Homicide	, Undeter	mined cause .	-
	6	2	1 10 -1				
ı	ACTUAL SIGNATURE	medict	Skitarely	M.D. CHIEF MEDICAL EXA	MINER 🗌		DATE SIGNED
L	EXAMINER'S		*	ASSISTANT MEDICAL	EXAMINER [
	NAME (Type)	Benedict S	kitarelic. M.D	DEPUTY MEDICAL EX	CAMINER ()	Sept. 7.	1961
2	REMOVAL (Specify)	9/10/6/	MURPHY	CREMATORY RURA	22d. LOCATION (C	ity, town, occounty)	ETT C. M.D.
23	. PUNERAL DIRECTOR	S SIGNATURE	ADDRESS.			24b. REGISTRAR'S SIGN	NATURE
	Son In	wman, Gr	antsocks / Hel	DATE	3 '61	Chillan & Th	alla



FOR STATE HEALTH DEPT. director. Page for your files. TO DE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if any chapterse to the terminate writing the word "pending" in pencif in Item 18, Give Pages 1, 2, and 3 to the fit 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours eiter death, VS. A15ME 5M 9/60

CERTIFICATION

MEDICAL

23. FUNERAL DIRECTOR

		EPARTMENT OF HEALTH .
	Division of STATISTICAL RESEARCH AND RECORDS,	CERTIFICATE OF DEATH
		CERTIFICATE OF DEATH 09748
	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	ALIEGATY MARYLAND	West Virginia b. COUNTY Mineral
	b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete I m ts, wr'te RURAL end give neerest town)
	write RURAL and give neerest town) Cumberland 2 Hrs.	at at
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Is RESIDENCE
		ON A FARM?
	Memorial Hospital	Box 18. New Creek Drive YES NO X
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
		ORTHORAFT DEATH September 3. 1961
5.		DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR LIF UNDER 24 HRS.
		ovember 25, 1931 29 yrs. Months Days Hours Min.
10a		Y II. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
do	one during most of working life, even if relired Allegany Ballisti	1_
10		Olameysville, Penra. U.S.F.
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Elmer V. Northeraft	Gertrude Brockey
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
110	es, no, or unkown) ((fyesgivewerordetesofservice) Yes Korean	O II North and D to W
_	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	. G. H. Northeraft, Rt. L. Box 43, Keyser, W. Va.
		emorrhage; Maceration of brain 3 Hrs.
	IMMEDIATE CAUSE (a) LITCHE GRADIAL II	emorringe; wacaracton of page 2 ura.
	DUE TO	
	Conditions, if eny, which (b) Skull Fracture	3 Hrs.
	geve rise to immediate cause (a), steling the underlying DUE TO	
H	cause last. (c)	
z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1 19, WAS AUTOPSY
잍		PERFORMED?
<u></u>	None	YES & NO 🗖
£1	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (EI	nter neture of Injury In Part I or Part II of item 18.)
ŭ	CAUSE OF DEATH. Motorcycle o	verturned
3	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or lawn) (County) (State)
(ED		hry, street, office bldg., etc.)
2		hway 1 Mi.S Chaneysville, Bedford, Pa.
	21. I certify that I took charge of the remains described above, hel	
	death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined manner
	1 1/0'	CHIEF MEDICAL EXAMINER
	SIGNATURE DISCOURT SETTAR LA	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	TOTAL TOTAL CONTROL OF THE	DEPUTY MEDICAL EXAMINER X Sept. 3, 1961
	NAME (Type) Benedict Skitarelic. M.D	

E: 226. NAME OF CEMETERY OF CREMATORY 22e. BURIAL, CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22d. LOCATION (City, town, or country) (Stelle) Burial Hillcrest Burial Park Cumberland, Maryland
246. REC'D BY REGISTRAR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

DATESEP 6 '61

arthur S. Frank



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY Page Health Allegany e. STATE b. COUNTY your files. MERYLAND b. CITY OR TOWN (if outside corporate limits, director. c. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main Street East Main YES NO TO er death. If any cand 3 to the fu. 3. NAME OF Middle DATE DECEASED OF (Type or print) John OfRourke DEATH AGE IN years ¥j; 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH I IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Hours Page 5 Lale WIDOWED TO DIVORCED [ctober 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratifed) ailway Clerk in pencil in Item 18, Give Peges Lonaconing, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Office along with form PM3. This certificate should be executed within 24 John O'Rourke Mary Ann Sullivan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit, (Yes, no, or unkown) i (Ifyes give werordetes of service) Irs. George Eichhorn no Longconin 18. CAUSE OF DEATH [Enter only one cause for line for (e), (b), end, (c).] INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, DUE TO Conditions, fany, which gave rise to immediate cause **DUE TO** (e), steting the underlying te the certificate, writing the word "pending forwarded to the Chief Medical Examiner" K) cause last. PART I. OTHER SIGN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NALI DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTOPSY CERTIFICATION PERFORMED should 20e. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of flem 18.) The Chief Med R: Page 3 short ior to burief, PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., etc.) MEDI Hour e.m. Not While at work et work **公** 公 公 21. I certify that I took charge of the remains described above, held an Autopsy [nspection Inquiry and in my opinion DIRECT death resulted from: Accident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL should be NAME (Type) DEPU Address (Street, city, town, or county) 224. BURIAL, CREMATION, 226. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) g 4 0 ò Burial Cemeter lonaconing 23. FUNERAL DIRECTOR 246, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE ADDRESS VS. AISME DATE SEP 2 9 '61 Orthur & Krave George Eichhorn 5M 7/59 Lonaconing.

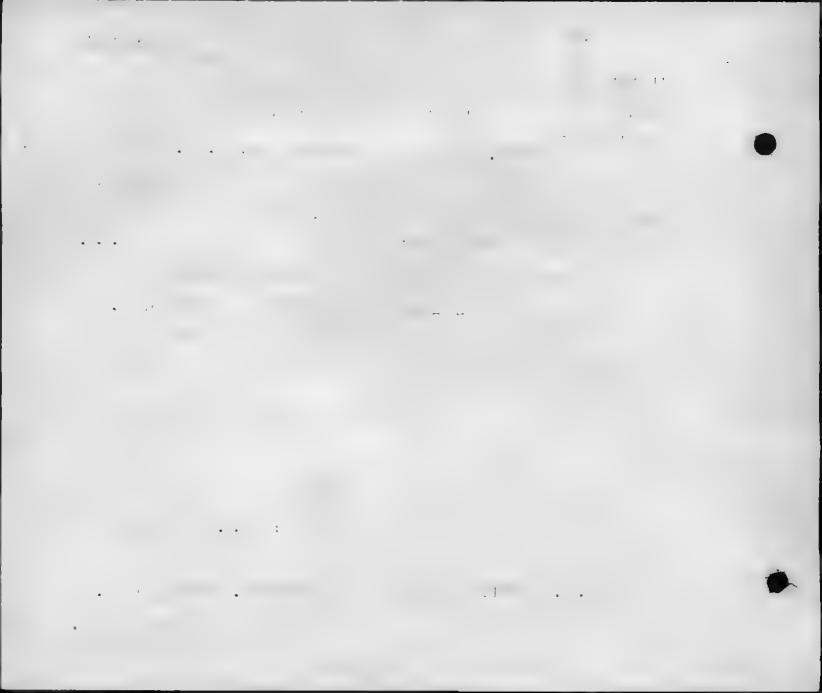


VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 09750 09750

1.	PLACE OF DEATH	11. 2	. USUAL RESIDENCE (Where dec	easad t.ved, If institution: Ras danca bafora admission
	*. COUNTY ALLEGANY	MARYLAND	MARYLAND	ALLEGANY
	 CITY OR TOWN (if outs da corporata limit write RURAL end giva nearest town) 	is, c. LENGTH OF STAY IN 16	, c CITY OR TOWN (If outside corpor	reta limits, writa RURAL and give nearest town)
	CUMBERLAND	17 DAYS	CUMBERLAND	
	d. NAME OF HOSPITAL OR INSTITUTION (MEMORIAL HOSPITAL		OLDTOWN ROAD, RT	o. IS RESIDENCE ON A FARM? YES NO V
3.	MEMORIAL & WARWICK NAME OF DECEASED		Lasi 4. DATE OF	Month Day Yaer
		ARLES	OSTER DEATH	SEPTEMBER 11, 1961
5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8. D	PATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours , Min.
	MALE WHITE	WIDOWED X DIVORCED M	AY 21, 1882	79 yrs.
10e	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refire	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fo	
	Farmer	General Farming	MARYLAND	U.S.A.
13.	FATHER'S NAME	L 14	. MOTHER'S MAIDEN NAME	
	HENRY O	STER	ELIZABETH BIN	IGHAM
	. WAS DECEASED EVER IN U.S. ARMED FOR		ORMANT	Address
	No	219-32-2962 MEM	ORIAL HOSPITAL, CU	MBERLAND, MD.
	18. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c) }	- 10	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Wherterme to	V Risere u	Me sem
	44-3 X DUE TO	50	7 0 OA	1_
	Conditions, if any, which (b)	annilar	Lufully	to precess
	(a), stating the underlying DUE TO			
	couse lest. (c)			
Z.		TIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
ATIK				YES NO A
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURED, [E	ntar natura of injury in Part I or Part II	of Itam 18.)
- 1	20c. TIME OF INJURY Month, Day, Ye	ar 1 20d INJURY OCCURRED 200, PLACE	OF INJURY (Homa, farm, 20f. (City	or town) (County) (Stata)
MEDICAL	Hour a.m.		, straat, offica bldg., etc.)	4
2.	p.m. 19		um intot	the wall of the
	21. I certify that (I) (this hospit		eath occurred at 30MA Tont	192, that (1) (was tax
	saw the deceased alive on.	and that do	eath occurred at	the causes and on the date stated above
	m. 6	the roll ?	ATTENDING MED DIRECTOR	STAFF SIGNE
	22c. PHYSICIAN'S	M.D	22d. ADDRESS	
	NAME (Type) DR. B. SCI	HINDLER	43 GREENE ST	CUMBERLAND, MD.
23	e. BURIAL, CREMAT ON, 236 DATE THE	REOF 23c. NAME OF CEMETERY OR	<u> </u>	TION (City, town or county) (State)
	REMOVAL (Spacify)	Bethel Methodi	ist Cemetery Nea	r Centerville, Fa.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AR , 256. REGISTRAR'S SIGNATURE
	John J. Haf er, Cumbe		DATE SEP 15'6	



TO HOSPITATION ATTENDING ENTSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be a death by the haspital or attending physician.

TO FUNER Shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of should be filed with the State Board of Health prior to burial, cremotion, are remaval, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

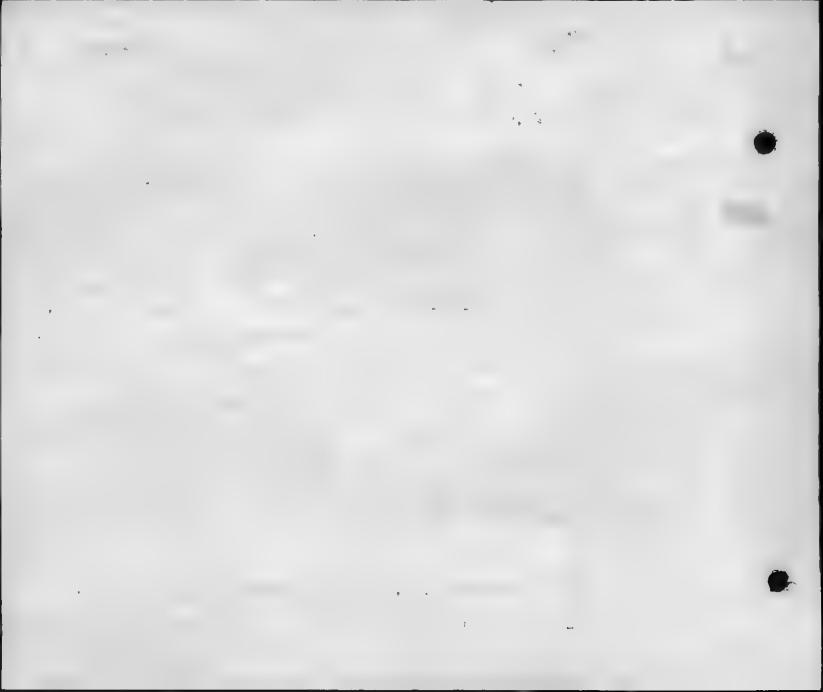
09751

1, PLACE OF DEATH a. COUNTY				2.	USUAL RESIDENCE (Where decease			e before ad	lmissian)
	Legany		MARYLANI	D	2.7	rland	b. COUNTY		egany	
	autside carporate limi arest tawn)	ls, write	c. LENGTH OF STAY IN 1	Ь	E. CITY OR TOWN (·	orate limits, write R	URAL and g	ve nearest	tawn)
	AL (If not in haspital, g	ive street			d. STREET ADDRESS	7116				RESIDENCE
OR INSTITUTION	, , ,				Route #2					N A FARM?
						4. DATE		.1		
3. NAME OF DECEASED	Fig		Middle		Last	OF DEATH	Mor		Day	Year
(Type or print)		J.TE	32	_ 1	PERRIN	DEATH	DIND SCHILL		8 ₉	19 67 INDER 24 HRS
5. SEX			RIED A NEVER MARRIED		ATE OF BIRTH		9 AGE (In years last birthday)			urs Min.
Male	White	WIDOWI		177	8/1879		82 yrs.			
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (SH	ate or foreign o	country)	12. CITIZ	EN OF WH	IAT COUNTRY
Farmer			General Farm	ing	Flintst	tone M	aryland		USA	
13. FATHER'S NAME				14	I. MOTHER'S MAIDE	N NAME				
Murra	ay B. Perr	in			Camelia	a Harts	ock			
15 WAS DECEASED EVER			SOCIAL SECURITY NO. 17	7 INFOR	MANT		Add	ress		
(Yes, no, or unknown)	If yes, give war or dates of s	2	14-32-2888	Wil	bur Perrir	. Flin	tstone. I	id.		
	TH Enter only one co	ouse per li	ne far (a), (b), and (c).]				7		INTERVA	L BETWEEN
	TH WAS CAUSED BY:	α	rebral Hemor	nha c	0					Days
.13 1	IMMEDIATE CAUSE (c	,	TEOTOTT NOMOTE	11015	U				1 44	Days
4201			ami an all amaki			lam Dåa	~~~		Vo	ars
Canditians, if ar	n mediate	,	eriosclerotio	८ ७स	ralovaseu	ERL DIE	ease		76	71.0
cause (a), stating t)								
lying couse last.) (0		CONTRIBUTING TO DEATH	DUTAGO	T DELATED TO THE TE	DIAINIAA DICEA	E CONDITION OF	VENI INI SADT	1(m) 10 W	/AS ALITOPSY
PAIT II. OTH	IER SIGNIFICANT CON	באסוווטו	CONTRIBUTING TO DEATH	BUING	I KELAIED TO THE TE	KMIINAL DISEAS	SE COMBINON OF	TEN IN FARI		ERFORMED?
PAIT II. OTH PAIT II. OTH OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY	S_UNDERLYING [20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury	in Part I ar Pa	rt II of item 18.)			
	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Haur a. m.	Y Month, Day, Ye				OF INJURY (Hame, f		y ar tawn)	(C	aunty)	(State
Haur a.m.	19	While at war	k at work	100007	, shoot, direct blug.,					
	a /III /Ahin hasaniaa	L mitons	ded the deceased fra	- C	81-5	106/ 10	Cent 8	10 4	/ that	(I) (wa) las
	ed alive an	28 . 4	7194/ and the	الاستونية الاستونية الاستونية المستونية المستونية المستونية المستونية المستونية المستونية المستونية المستونية المستونية المستونية	accurred at	30 from	the sauce of	nd an the	data st	ated abave
22a SIGNATURE	led drive drives	21	Z 17402 / and the	n deal	n documed des	THE PARTY OF THE P	ine causes a	ilu dii lije	Quie 31	22b DATE
B	1:4 16	1	eller.	M.D	ATTENDING PHYS	MED.	STAFF PHYS	0	/9/61	SIGNED
22c. PHYSICIAN'S	auci sor	1000	ccc)	M.U	22d. ADDRESS	DIRECTOR	I THIS [7	77791	
NAME (Type)	PENEDICT	SKIT	APELIC, M.D.		Cumber	cland.	Maryland			
230. BURIAL, CREMATIO			23c. NAME OF CEMETER	Y OP C			TION (City, lawn,	or county)		(Stole)
REMOVAL (Specify)	0/44//4								lowd	101
Purial	9/11/61		TOO.F.	Uem		EC'D BY REGIS	intstone.	ISTRAR'S SIC		
24 FUNERAL DIRECTOR'		1		. 1			104			
John	J. Hafer, C	umber	land, Maryla	na	DATE	SEP 1 3	61 6	1100 8	Kund	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 1SM 9/59

MARYLAND	STATE DEP	ARTMENT	OF HEA	LTH
SION OF STATISTICAL	RESEARCH AND	RECORDS - B.	ALTIMORE 1	, MARYLAND
CEL	STICK A TE	OF DEAT	TIL	

		9765	ION OF	STATISTICAL RESEA	RCH A	ND RECORDS		MORE 1,	MARYLAND				
F	PLACE OF DEATH		- Ita	ens 8 & 9 1		G227. 10	1/2/6	l inh	d lived. If institut	-09	75	4	
١.	o. COUNTY	7		MARI	LAND	o STATE			b. COUNTY		T a me	: Danies	ion)
L		LLegany f outside corporate limi	hita	,			Wary.				lega		
	RURAL ond give ne	orest_fown)	is, write	c. LENGTH OF STAY		12.7	~	-	rote limits, write I	CUKAL ONG	give neos	621 IOWII	2
	Cumberla			48 yea:	rs			erlan	<u>a</u>			IC DEC	IDENICE
		AL (If not in hospital, g	HVe street	address)		d. STREET A							FARM?
_	115 Lat	ing Ave.					115 1	Laing	Ave.			YES	NOT
3.	NAME OF DECEASED	Fir	at	Middle		Los	it.	4. DATE OF	Мо	nth	Doy		Yeor
	(Type or print)	He	rber	t F.		Sarv	er	DEATH			25		1961
S	SEX	6 COLOR OR RACE	7 MARI	RIED 🖄 NEVER MARRI	ED 🔲	B DATE OF BIRT	н ;	1902	9 AGE (In years lost birthdoy)	IF UNDE Months	RIYEAR		R 24 HRS
	Male	White	WIDOWI	ED DIVORCE	D 🔲	March !	13. 3	VILEY	59 yrs	Monins	Doys	Hours	Min.
10	USUAL OCCUPATION	N (Give kind of work a	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPL	ACE (Stole	or foreign c	ountry)	12, CI	TIZEN OF	WHATC	OUNTRY?
		th Helper	' R	lailroad		Morg	antov	wn, W	.Va.	U	SA		
D	. FATHER'S NAME					14. MOTHER'S							
V	Sc	cott Sar	ver			Agni	es He	ennes	Sev				
15		R IN U.S. ARMED FOR		SOCIAL SECURITY NO	17.1	NFORMANT	00 240	2131300		dress			
ĮΫ	es, no, or unknown)	(If yes, give war or dates of s	errice)		N	irs. Ve	ra Sa	rver	, Cum! e	rlan	d. N	Id.	
=		TH Enter only one co	use per li	no for (n) (h) l (e)			^	/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RVAL BE	TWEEN
		TH WAS CAUSED BY	1	0.00 D	1 = =	richel	Van	es k	10-1	- de		ET AND	
	1 1	IMMEDIATE CAUSE (o		un certification of the certif	~ ~	, o-grea	<i>y</i> -0- 70	^	1		-	7-7	<u></u>
	Conditions, if or	DUE TO	n	Letastosi	sto	lun	3,6	ine			4	mos	ich.
	gove rise to in) <		^ -	\sim	3	0	Λ		1		-11
	lying couse lost.	rne <u>under-</u>	Sign	uamoro (لعف	Carcin	ond	Bro	ickage	nic	6	wo	rcho
z	PART II. OTH	IER SIGNIFICANT CON	DITIONS !	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDIT ON GI	VEN IN PA	RT 1(o) 19	WAS I	AUTOPSY
AŢĶ												YES 🗍	RMED?
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture o	of injury in	Port I or Por	rt II af (tem 1B)	-			
E. E.	OR CONTRIBUTING	CAUSE OF DEATH											
н.		Y Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PL	ACE OF INJURY I	Home, farm	n, 20f (Cit	y or town)		(County)	-	(Stote)
MEDICAL	Hour o.m.	19	While	Not while	fa	ctory, street, offic	e bldg., etc	:-)	`				
2			of wor		1	341 - 5	_	<u> </u>	5 11 4 2	,			
	21 I certify tha	t (I) (this hospital	l) attend	ded the deceosed	from	1143			John 7				
	sow the deceas	ed olive an 🕪	11.	24 19 61 , and	l that o	leoth accurre	ď át	M, from	the couses a	nd on th	ne dote		
	226, SIGNATURE	De ve de	rall	~~~		M.D. PHYS.	G M	ED.	STAFF PHYS.			22	B DATE SIGNED
L	22c PHYSICIAN'S	· race (ca		<u> </u>		22d. ADDR		ALCION _	11113.				
	NAME (Type)	Dr. Rhet	t R	Rathhon	~ 3/	n 199	S (Contr	0 5+ (himbo	nla	16.60	12
-	PURIL COPULT O		V 11.						e St.,C				
	BURIAL, CREMAT O	1		23c. NAME OF CEM			Comed		TION (City, town,		200	(Stol-	e)
-	Burial		ويدوه	61 Davis	wen	orial (7		Cumber	ISTRAR'S S	4		
24	FUNERAL DIRECTOR			ADDRESS	,		2019	D BY REGIS	s of	istrar's s			
L	James F.	Scarpell	1, C	umber Lan	a, h	d.	DATE		4.4	A laws	, / CLAUS		



DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution, Residence a. COUNTY b. COUNTY ALLEGANY 計 2 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) CUMBERLAND RT. 1, SPRINGFIELD I DAY a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street address) d STREET ADDRESS MEMORIAL & WARWICK AVES. ON A FARM? YES NO X MEMORIAL HOSPITAL 3. NAME OF DATE Month DECEASED DEATH (Type or print) ROY SEEDERS IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED lest birthday) Months Davs Hour 9-20-1961 WIDOWED DIVORCED physician 10s. USUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT C 000 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE County & Stete, or fore gn country) done during most of working life, avan if ratirad! none none U. S. A. 13. FATHER'S NAME attending pl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT

(Yes, no, or unknown) I (Ifyasgiyewarordalasafsayyisa) Address Then CUMBERLAND, MD. INTERVAL BETWEEN the 18. CAUSE OF DEATH [Entar only one cause part ne for ,e), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geva risa to immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? BS NO 206, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18 ; he (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day Year fectory, street, office bidg., etc.) Not While While Hour e.m. et work 19 DIRECTOR:, that (l) (we) last 21. I certify that (1) (this hospital) attended the deceased from. 19......, and that death occase and on the date stated above. saw the deceased alive on 22b. DATE 228 SIGNATION STAFF SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HOSPE ath. P. FUNE B. GREENE ST., CUMBERLAND.MD. director, be filed 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Springfield Cenetery Springfield. W. Va 01 Burial 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE SEP 2 8 '61 James F. Scarpelli, Cumberland, Md. Cirthur & House 15M 9/60

315 XV6



VS. ATSME(5) SM 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9767 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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A	Y	PLACE OF DEATH a. COUNTY					2. USUAL RE	SIDENCE (V	/here deced	sed lived. If insti	tution: Residen	ce before	odmission)
V	IJ.	a. COUNT	Allegany		MA	RYLAND	o. STATE	Maryl	and	b. COUN	TY Alle	gany	
-	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF		c. LENGTH OF STA	Y IN 1b	c. CITY O	R TOWN (IF	outside co	rporote limits, writ			il town)		
		Cumberlar	nd		10 Year	rs	Cumberland						
,		d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	ital, give street add	ress)	d. STREET	ADDRESS				Θ,	IS RES DENCE
	L.	58 N. Centre Street				/ 58	N. Ce	ntre	Street		YE	ON A FARM?	
1	3.	NAME OF DECEASED	Fin	nit .	Middle		Lo	ıt	4. DATE	Mon	th	Day	Year
		(Type or print)	Hel	en	Catherin	ne S	Seifert	,	DEATH	Sentemb	977	i. a·	19 63
	5.	SEX	6. COLOR OR RACE	7. MARRIEI	D 🔼 NEVER MARR	IED 🔲 B.	DATE OF BIRT	н		9. AGE (In years last birthday)	IF UNDER T		JNDER 24 HRS.
		Female	White	WIDOWED	DIVORCE	• 🗆 📗	July 1	17.190	1	60 yrs.		lays Ho	urs Min.
	100	. USUAL OCCUPATION	Give kind of work	lone 10b. Ki	ND OF BUSINESS O	R INDUSTR				country)	12. CITIZ	EN OF W	HAT COUNTRY?
		Housewife			At Home		Penna				U. S. A.		
	13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
		John Line Susan Dorsey											
1	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FO		OCIAL SECURITY N	0. 17. IN	FORMANT			Addres			ntre St,
		No		19	96-14-5596	5 J.	Heyden	Seife	rt		Cumi	berla	nd, Md
			Enter only one cau	se per line fe	or (o), (b), and (c).]							INTERVAL E	ETWEEN D DEATH
		PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN											
		420.1	DUE TO										
		Conditions, if on			CORON	VARY	SCLERO	SIS					
		gove rise to immediate cause (a), stating the underlying DUE 70											
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY											
	NO.	PART II, OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMI	NALDISEA:	SE CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
	S											YES	□ NO 🔼
	CERTIFICATION	20a. EXTERNAL CAUS PRIMARY ☐ or CONT CAUSE OF DEATH.	RIBUTING []	b. DESCRIBE	HOW INJURY OCC	URRED, (En	ter noture of i	njury in Port	I or Port I	l of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea			20e. PLACI factor	OF INJURY (y, street, office	(Home, form e bldg., etc.)	, i 20f. (Cil	y or town)	{Coun	ly)	(Stole)
	WE	p. m.	19		k at work								
		21. I certify the	_							nspection 🔣	, Inquiry	X, a	nd find that
		death resulted f	rom: Natural	causes 🔣	, Accident L	J , Suici	de 🔲, 🖁	tomicide	□, U	Indetermined	cause .		
		ACTUAL C		. 10	· de 1 ·							D.	TE SIGNED
		SIGNATURE (eneques	110	Marelie	·	M.D. CHIEF						
		EXAMINER'S	D 31 4 0	4 1	71 1/ 7			NT MEDICA			-1	20/2	
	50		Benedict S					MEDICAL E				1961	
	220	BURIAL CREMATION	1	1	72c. NAME OF CEMI				_	TION (City, town,	or county)	-	Stote)
	23	FUNERAL DIRECTOR'S	9/16/61 SIGNATURE		Bedford ADDRESS	Geme1	ery	246. REC'D		dford	ISTRAR'S SIGN	Peni	1d.
	23.	Ruth E.		Camba	rland	Marra	land		SEP 1		Cathan 2		A
	_	Auth E.	OTICOX	Omane	114114	riou y	Talla	DATE	19201			, , , , , , , , , , , , , , , , , , , ,	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

BALTIMORE 1, MARYLAND

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_	3	603	CERTIFICA	IE OF DEATH		002	5'ブ.
	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	la Co	institution Residence bef	· ·
ı	b. CITY OR TOWN (If RURAL and give nee	outside corporate limits, write	c. LENGTH OF STAY IN 1b			write RURAL and give n	
	Cumberl	4	7/26/61	Cumber	rland		
	d. NAME OF HOSPITA	AL (If not in hospital, give stree		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		Legany Coun	ty Infirmary	, 705 G.	lermore S	treet	YES NO X
	NAME OF	First	Middle	Lost	4. DATE	Month E	Day Yeor
	DECEASED (Type or print)	Edith	M. Sh	illingburg	DEATH Sept	ember 4	1961
. 5	SEX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years IF UNDER TYEA	R IF UNDER 24 HRS.
Ι	Pemale	White WIDO	WED DIVORCED	4/27/1890	71	yrs Months Days	Hours Min
Dα	USUAL OCCUPATION	N (Give kind of work done 10	kind of Business or Indu	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
2		lerk at: S	uit Store		nd .MaryLa	nd II.	S. A.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N			
	Jo	hn T. Taylo	r	Mary Mon	rehead		
S. Yas	WAS DECEASED EVER	IN U. S ARMED FORCES? 1.	S. SOCIAL SECURITY NO. 17. IP	FORMANT P. O. BO		Addres Cumbe:	rland.Md
	NO		14-05-8068 A	Legany Cour	aty Infir		
	18 CAUSE OF DEAT	TH [Enter only one couse per	line for (a), (b), and (c).]				TERVAL BETWEEN
	PART I DEAT	H WAS CAUSED BY	sector of al	Ala Certy.			DE AND DEATH
		DUE TO ")	1476 : 50	1. 1.	Alexa.		
	Conditions, if on		ora per ore	insking,	ar fores.	1-2-CC-5-3	
	gove rise to im couse (a), stating the		1.2 0 P. 7	ineaction.	e		
	lying couse lost	(3) 6	restation	chek-litrue	score (
5	PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
5							YES NO
	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in l	?ort I ar Part of item	18)	
5	20c. TIME OF INJURY Hour o.m.		L	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f (City or town)	(Count)	r) (Stote)
W.C.L.	p. m	19 Whi	e Not while ork of work	and y areas, areas aregs, areas			
	21 I certify that	(I) (this haspital) atter	nded the deceased from	7/26/61 19	ta 9/4/	61 19	that (1) (we) last
	saw the decease	m 41 4		eath accurred at			
	220 SIGNATURE		V				22b, DATE SIGNED
	Ni /24	ULLILCUIZ-	100		RECTOR X PHYS.	X	9/5/61
	22c PHYSICIAN'S NAME (Type)	De Tee D	10-41	22d. ADDRESS		Comba 2	
	- (-7)	Dr. Lee B.	Mathews	49 Gree	ne st.,	Cumberland	1, Md.
30	BURIAL CREMATION REMOVAL (Specify)	N, 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City,	fown, or county)	(Stote)
	Durani a T	0/7/67	RoseHill Ceme	terv	Cumber land	d Marvi	and

24. FUNERAL DIRECTOR'S SIGNATURE

Cumberland

ADDRESS

Maryland

250. REC'D BY REGISTRAR SEP 8 161 DATE

256 REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

Ruth E. Silcox



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ttems 1 & 2 Film G297 9/29/61 mb						
	-/		9769 Items 1 & 2 Film 9297 9/29/61 mh CERTIFICATE OF DEATH Reg. Dist. No. C 9758						
i Page director filed with	(M)	1.	PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence local Solvission) o STATE Maryland b. COUNTY Garrett						
ofter death." the funeral of should be fill	Y		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)						
fer de hauld	1	_	Rural Oldtown 30 Days Rural Accident						
haurs afte	X		d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Private Home-Joseph Silber, Jr. d. STREET ADDRESS I Company Co						
4 ho		3.	NAME OF First Middle Last 4. DATE Month Doy Year DECEASED						
fille fille		-	C(Type or print) Alta Rebecca Silber DEATH Sept. 19, 1961 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE 10 years IF UNDER 1 YEAR 15 UNDER 24 HRS.						
within etely fill		3.	17 1000 lost & Linday Months Days Hours Min						
mple pers	ئو	100	B. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY						
, 12 d d d	Jeat		House Wife W. Va. USA						
be e	ie i	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
e ici	T		B. F. Bennett Rebecca Teter						
rtific phys		1S.	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address a no or unknown) Iff yes, give wer or dates of service)						
that the death certificate by the attending physicia 1. Then please remave α	22		no Mr. Willis Silber Accident, Md.						
deot tend	Ę		18. CAUSE OF DEATH [Enter only one course per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH						
the of	Ė		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) FLA FELLOS CLES ORES 10 757						
hot y .	À		OUE TO						
2 B	6		Conditions, if ony, which (b) gave rise to immediate (C)						
r gir	.5 ~		cause (o), stoling the <u>under-</u> lying couse lost. (c)						
icia een ransi	-; -	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
phys as b iol-ti	DAD	1Š	PERFORMED? YES NO						
IAN: The Bunding Sicate has bur	§ ()	CERTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)						
r aff	, poi	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Year 1 (Caunty) (State) Haur o. m. While Not while factory, street, affice bldg., etc.)						
PH o lo	E	MEC	Plant o. m. While Not while roctory, street, artice blog., etc.) p. m. 19 at work at work						
Spit Spit frer d fo	Ն =`		21. I certify that 4 attended the deceased from 11/29/						
Sche ho	or or		alive on						
de to	p		ACTUAL SIGNATURE & S. M.D. 101 Third Street						
OR ned DIREC	prior		SIGNATURE 101 Third Street						
TAT TOOM	istrar		PHYSICIAN'S A.E. Mance, M.D. Oakland, Maryland						
HOSP Gy be FUNE	9	22	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stole)						
OFO	Ę	22	Burial 9/21/1961 Flanagan Hill Red Creek, W. Va.						
VS. A15 (4))	23.							
VS A15 (4) 15M 9/55			Wayne C. Spyle Davis, W. Va. DATE SEP 26'61 Ciriling S. thous						

Constitution of

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where daceased lived, If instituted Best and Gore adm ssion) 1. PLACE OF DEATH director. Page or your files. a. COUNTY a. STATE **b.** COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete impits CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural RAWLINGS) Cumberland Cumberland Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat addrass) STREET ADDRESS e. IS RES DENCE ON A FARM? YES X NO refail. J. NAME OF First Middle 4. DATE Morth Yeer DECEASED If an the (Type or print) DEATH EZRA 19 SEPTEMBER 30 , 2, and 3 to e 5 may be and 2 with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months MALE WIDOWED A DIVORCED 1866 10a. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY; 11 BIRTHPLACE (State or foraign country) 12. CIT.ZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page 5 File pages 1 and vent within 72 h done during most of working lifa, even if retired) ROCKINGHAM CO VIRGINIA BARMER 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDRICK SMITH MARY DOVE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no. or unkown) | (Ifyes give war or detes of service) RAWLINGS, MARYLAND NONE HERMAN SMITH 18. CAUSE OF DEATH |Entar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN e along v l-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cardiac Failure Sudden ing" in pencil is st.'s Office alor stational and removal, and IMMEDIATE CAUSE (e) DUE TO Coronary Arteriosclerosis Conditions, if any, which geve rise to immediata causa d "pending" Examiner's (se used as a l DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED? ld be remarii NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) b PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing by Chief I Page 3 s 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (C'ty or town) (County) (State) Month, Day, Yeer factory, street, office bldg., etc.) The C While Not While forwarded to the val. DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection Inquiry | and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER should be for FUNERAL I DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 30, 1961 DEPUTY MED CAL EXAMINER EXAMINER'S NAME (Type) Cumberland, Md. NAME (Type) Benedict Skitarelie M.D. Addr 228 BURAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫40 g Maryland Hillcrest Burial Park Cumberland Burial 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME arthur & Krous Cumberland Maryland Ruth E. Silcox DATE



FOR STATE HEALTH DEPT director, Page or your files. DEPT I MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay lease exactle the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furshould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar it is designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

DEP

VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

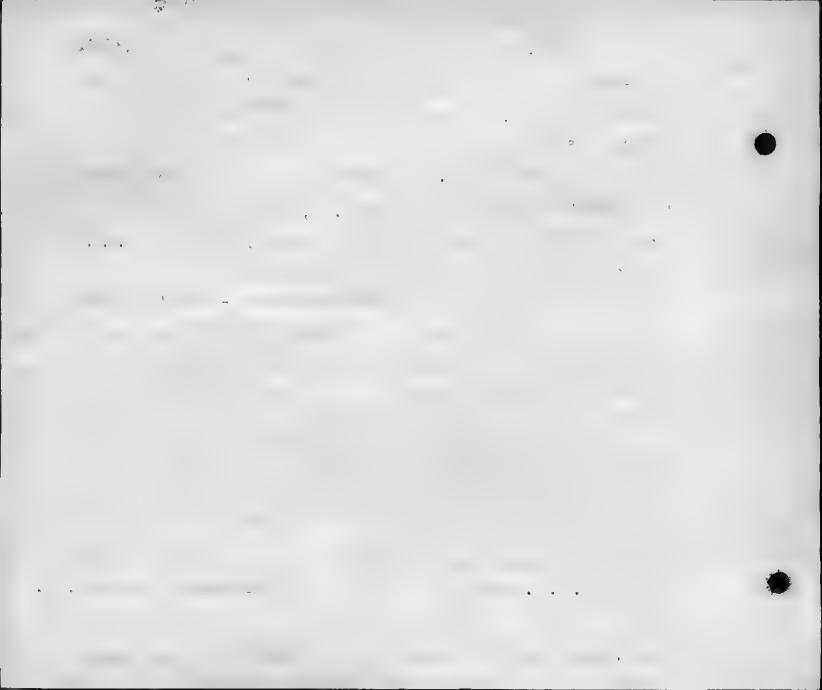
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, Il institution: Res dence before	admission)
Allogany Maryland	a. STATE b. COUNTY ATTO OTTE	
b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own)
Curle land Lin't time	. Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	RESIDENCE
Brooks Hotel, Baltimore Avinue		NA FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Y	100
(Type or print) CLC_1CL FRANCIS	COLOR TO STREET	9 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UND	ER 24 HRS.
Male White WIDOWED DIVORCED J.	an. 26, 1391 Jest birthdey Months Days Hours	Min.
10s. USUAL OCCUPATION (G've kind of work done during most of working life, even if refired)	11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT	COUNTRY?
Junitor B & O RR	Curlos, Maryland USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Smith	Morgaret Witfield	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ET	NFORMANT Address	_
Yes, no, or unkown) (If yes give wer or dates of service)	John F. Smith, Culbonla J, Paryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL B	ETWEEN
	Y Occlusion Sudd	DEATH
4201 DUE TO		
Conditions, if any, which \ (b) Coroni atu	Solorosis	:
gave rise to immediate causa		_
(a), stelling the underlying DUE TO	V	
	A GENERAL TO THE TERMINAL DISCUSSION OF THE CANADIAN AND A GENERAL TO THE CANADIAN AND A GENERAL	
		ORMED?
5	YES	ио 🔀
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (EF	nier nature of Injury in Part I or Pert II of ilem 18.)	
3 20c. TIME OF INJURY Morth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Homa, farm, 20f. (City or town) (County)	(State)
	ry, street, office bldg., etc.)	(,
7	d as Autonom D I as a NOT I as NOT	
21. I certify that I took charge of the remains described above, held		opinion
death resulted from: Natural causes . Accident . Suicident . Suicident	de, Homicide, Undetermined manner	
ACTUAL S	CHIEF MEDICAL EXAMINER	
SIGNATURE ASSAULT SI RUMELLE	ASSISTANT MEDICAL EXAMINER DATE SI	GNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER 3	114
NAME (Type) priedict Shitar dic	Address (Streat, city, town, or county)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)		ale)
Burial 1/19/1 St. Michael's		
23. FUNERAL DIRECTOR ADDRESS	24a. REGENERAL 24b. REGISTRAR SIGNATURE	
Jo'n J. Pofor, Cumberland, Margiand	DATE SEP 2 0 'gr	
	CT 1.11 9 12 . 2	



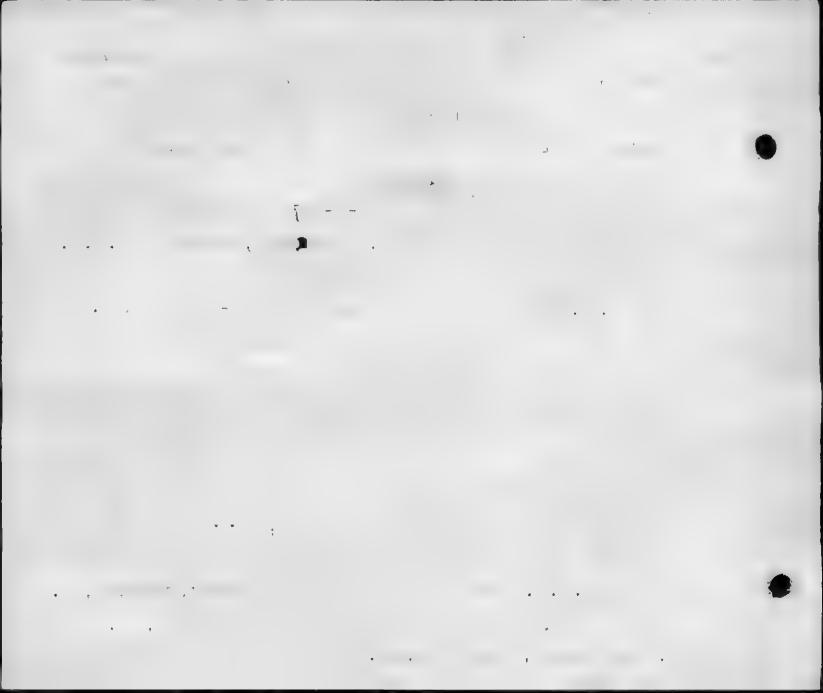
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived 1) in the on Relidence before edmission) . PLACE OF DEATH a. COUNTY b. COUNTY a. STATE 12 P Allegany Allogany MARYLAND and b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give necrest town] .5 7 Frostburg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) A (Zihlman, R. D.) Frostburg ON A FARM? College Avenue YES NO X 3. NAME OF 4. DATE Yeer Midd e Month DECEASED OF DEATH (Type or print) 19 Leslie F. Steele 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) and Months Hours S DIVORCED 8-20-1962 59yrs. WIDOWED Male physician a 10s. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUGNESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12, C.TIZEN OF WHAT COUNTRY? гетоме done during most of working life, even if retired) U.S.A. Shipping Is. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please Hending John T. Steele Hannah Evans Address Frostburg, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) (Ifyes a vewar or detes of service) Mrs. Vivian Bowden. 40 Wright St. 214-07-0867 18. CAUSE OF DEATH |Enter only one court PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of tem 18) 20a, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm (County) (State) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Yeer fectory, street, office bldg., alc.) While Not While et work et work CIOR: 190. that (I) (we) last 21. I certify that (!) (this hospital) attended the deceased from... ..., and that death occured 64. from the causes and on the date stated above. saw the deceased alive on 22b, DATE ATTENDING SIGNED DIRECTOR PHYS PHYS. MD. 22d. ADDR 22c. PHYSICIAN'S NAME (Type) 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C'ty, lown 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) 克奇 Frostburg Frostburg Memorial 25 art Md. 0 REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60 Main Frostburg Md





The fi , . . . (Ł

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY **b.** COUNTY ALLEGANY by the and 2 death. ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate I mits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 þ write RURAL and give neerest town) CUMBERLAND 16 DAYS **CUMBERLAND** <u>=</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X MEMORIAL HOSPITAL HENDERSON executed 3. NAME OF DATE Year M ddia paper DECEASED OF (Typa or print) DEATH CHARLES 19 TRAPP SEPTEMBER 61 ANTHONY withi 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR I IF UNDER 24 HRS. B DATE OF BRTH carbo 7. MARRIED X NEVE ARRIED and 17) Months Hours & Min. MALE WIDOWED DIVORCED T certificate physician 1Da. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11, B RTHPLACE ounty & State, o 3 sign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Acetate Engineering Celanese Corp. Allega V 13. FATHER'S NAME 14. MOTHER S MAIDEN NA please attending WILLIAM TRAPF MARY TIGHE and \$5. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOC AL SECURITY NO 17. INFORMANT Addrass (Yas, no. or unkown) ((fyes give war or datas of sarvice) HOSPITAL - CUMBERLAND, MD. W. MEMORIAL Yes 217-09-3289 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed has been signed he burial-transit DUE TO arterioscherosis, general attending i Conditions, if any, which ,Ы) gava rise to (mmediate cause DUE TO (a), stating the underlying the buttial, causa lest. ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.0 19. WAS AUTOPSY hospital PERFORMED? YES NO use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 2Da. ACCIDENT WAS UNDERLYING ā OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER After the letached of Health 20c. TIME OF INJURY 2Dd, INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) Month, Day, Yaar factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work may be retaine
DIRECTOR: /
3 should be det 1997. that (we) last 21. | certify that (I) (this hospital) attended the deceased from... ..., and that death occured at, from the causes and on the date stated above. saw the deceased DATE 22a. SIGNATURE ATTENDING MED. SIGNED the sh PHYS. DIRECTOR PHYS. M D 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) S. G. WEISMA 59 GREENE STREET, CUMBERLAND, MO. filed v FUN death. 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF Buria I の意思 Park Cumberland. Hillcrest Burial Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) H. Wayne George, Cumberland, Md. 15M 9/60 DATE SEP 2 8 '61 arthur S. Thous



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

4 may be retained by the hospital or attending physician.

5 LO FUNACAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. and in

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

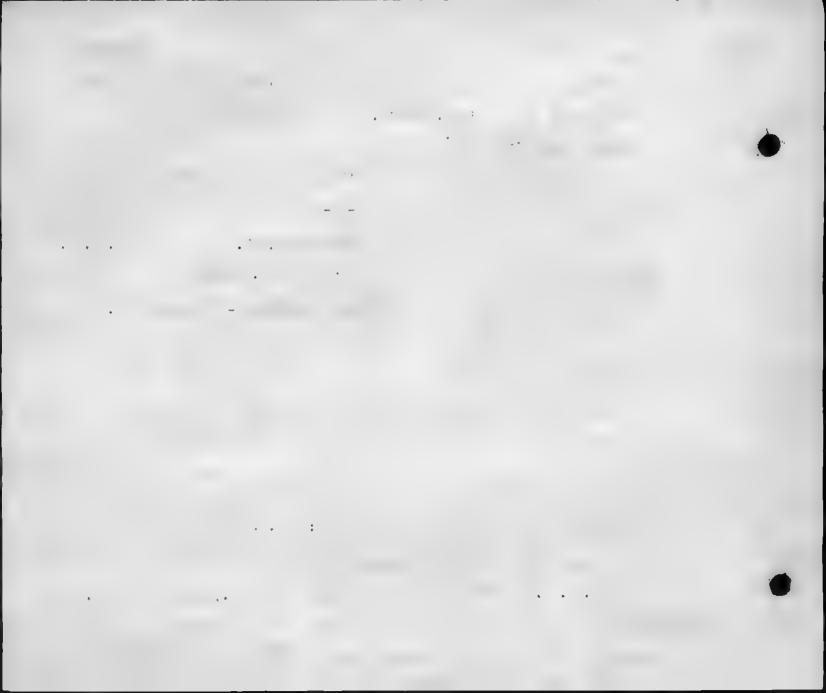
9776

CERTIFICATE OF DEATH

a 1-		
1 }	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence Defore admission) a. STATE b. COUNTY
7	Allegany Maryland	
	b. CITY OR TOWN (it outside corporete I m ts, c LENGTH OF STAY N 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and g ve nearest town)
, -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE
	Sacred Weight Tospital	ON A FARMY YES NO N
	3. NAME OF First M.ddle DECEASED	OF Month Dey Year
	(Type or print) John Thomas 5. SEX 16. COLOR OR RACE T HARDIS TO MY HARDIS TO A STATE OF THE PRINT THE PR	Twigg DEATH September 20 19 61
	WAKKIED NEVER MAKKIED TO	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. lest birthdey) Months Days Hours Min.
-	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	6-15-82 7 2 yrs. 11. BIRTHPLACE (County & Stato, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if ratired)	
1	3. FATHER'S NAME Baltimore & Ohio	14. MOTHER'S MAIDEN NAME
	Manage Davidson	Lizzie Bender
-	15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 18	
'	(Yas, no, or unkown) (Ifyesgivewarordatesofservica) 220-10-4516	1 d.
-	18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), end (c).]	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) MEDEULETIA O	Knowbodia 2.7 hours
	5 70 2 DUE TO	
	Conditions, if any, which (b)	
	gava rise to immadiate causa (a), stating the undarlying DJF TO	
	causa last. (c)	
	PART P. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED?
	200 ACCIDENT WAS UNDERLYING TO 200, DESCRIBE HOW INJURY OCCURED.	se with mystadul insufficiency, Enlarged YES NO [
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter netura of injury 'n Part I or Part Moof tem 18.)
		CE OF IN-URY (Home, farm, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)
	Hour e.m. p.m. 19 While Not While lactor while work st work while work while whi	1
	21. I certify that (I) (this hospital) attended the deceased from	
		death occured at
	22a. SIGNATURE Johnel Topper in	ATTENDING DECTOR PHYS.
1	22c. PHYSICIAN'S Orfers & Topics	22d. ADDRESS
	NAME (Type) Dr. Topper	Hyndman, Pa
2	238, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Spacify)	
	Burial Oct.2,1961 Madley Cem	
	24 FUNERAL DIRECTOR'S STEPHATURE! ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
· /	Showing a helyler, Hyndman, P	a. DATE OCT 3 '61 Ciriling S. Hans



DIVISION OF STATISTICAL RESEARCH AND STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY **ALLEGANY ALLEGANY** MARYLAND b. CITY OR TOWN (I outs da corporate ilmits. & LENGTH OF STAY IN 16 c. C.TY OR TOWN (If ouiside corporete I m is, write RURAL and give nearest town) write RURAL end give neerest town) 24 .= CUMBERLAND HR. 22 MIN ECKHART MINES AVE'S street eddress, d. NAME OF HOSPION PALE & WARWICK d STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO [3. NAME OF First Middle 4. DATE Last Yes OF 19 61 (Type or print) BABY GIRL VIZZA DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS. last birthdey) FEMALE | WIDOWED | D. VORCED [10e. USUAL OCCUPATION (GIVE kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 . I THPLACE . County & State, or fore gir country) 12. CITIZEN OF WHAT done during most of working life, even if refired) physic CUMBERLAND, MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending and RUDOLPH VIZZA CATHERINE M. DURKIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we ror detes of service) OVal MEMORIAL HOSPITAL - CUMBERLAND. MD. 0 18. CAUSE OF DEATH [Enter only one cause per line or (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geva rise to immediate cause DUF TO (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION 35 PERFORMED? No [20a, ACCIDENT WAS UNDERLYING 71 + 20b. DESCRIBE HOW INJURY OCCURED, TEnter netura of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 22e. SIGNATOR 22b. DATE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 123 BEDFORD ST., CUMBERLAND. director, be filed 23a. BURIAL, CREMATION. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 REC'D BY REGISTRAR 256. REGISTRAR VR A15 (4) SEP 2 8 '61 15M 9/60



TO HOSPIFIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours arrer death. For the may be retained by the hospital or attending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please_temove carbon papers, I ages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and/in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

M	2660	OLK III IOA II	O. DIA.	00565				
4	1. PLACE OF DEATH e. COUNTY		2. USUAL RESIDENCE (Where deceased fived, If a. STATE b. COUN					
ı	ALLEGANY	MARYLAND	MARYLAND 6. COUN	ALLEGANY				
ı	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write	RURAL and give nearest town)				
ı	ROUTE 5. CUMBERLAND	8 Years	ROUTE 5. CUMBERLAND					
get.	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give straet address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?				
Ĭ				YES NO X				
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month OF	Dey Yeer				
	(Type or print) NELLE	М.	WADE DEATH SEPT	25TH, 19 61				
	5. SEX 6. COLOR OR RACE 7, MARR	IED NEVER MARRIED 8	, DATE OF BIRTH 9 AGE (In yeers last birthdey)	Months Deys Hours Min.				
ı	FEMALE WHITE WIDOW	VED 💢 DIVORCED 🔲 🛕	UG.10TH,1896 65 yrs.	1 10000				
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHP. ACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	HOUSEWIFE OW	N HOUSEWORK_	MARYLAND	USA				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
ı	ALEXANDER MIDDLETO	N	MATILDA HOTT	——————————————————————————————————————				
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 (Yes, no, or unkown) (Ifyes givewer or detes of service)		NFORMANT Address					
		210212	s.Matilda Horton,Route					
	18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b,, and (c).]	the man of	ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)	reasel 1	morrhage	12 1043				
	33 X DUE TO 1/	hart		Sereval				
ı	Conditions, if any, which (b)	yjury onsi	0~	years_				
	geve rise to immediate cause (e), stating the underlying DUE TO							
	causa lest. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CO	OTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1,e) 19. WAS AUTOPSY PERFORMEDY				
	3	ance		YES NO				
	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 18.)	,				
	ZOC. TIME OF INJURY Month, Day, Yeer 200 Hour s.m. Wh	f	CE OF INLURY (Home, ferm, ' 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)				
	21. I certify that (I) (this hospital) atte	ended the deceased from	195 9 19 1Sept 2	, 19(9/2, that (I) (we) la				
	saw the deceased alive on.	8196, and that	death occurred a 101.M, from the causes					
	22e. SIGNATURE	A	ATTENDING MED. STAFF	22b. DATE SIGNE				
í	Wolffan	re- M	DIRECTOR PHYS.	29421196/				
	NAME (Type) W. O. MCLAN.	E.	44	ROSTBURG, MD.				
		23c. NAME OF CEMETERY						
	23e. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 0 28 67	F'BG.MEMORI		9.0%				
	BURIAL 9-28-61	ADDRESS	25e. REC'D BY REGISTRAR 25b. RE					
	24 FUNERAL DIRECTOR'S SIGNATURE		D I - GED D o tod					
	7. 11 7 200 24	TUODIDOMU TI		7.71 - 0 40 .				

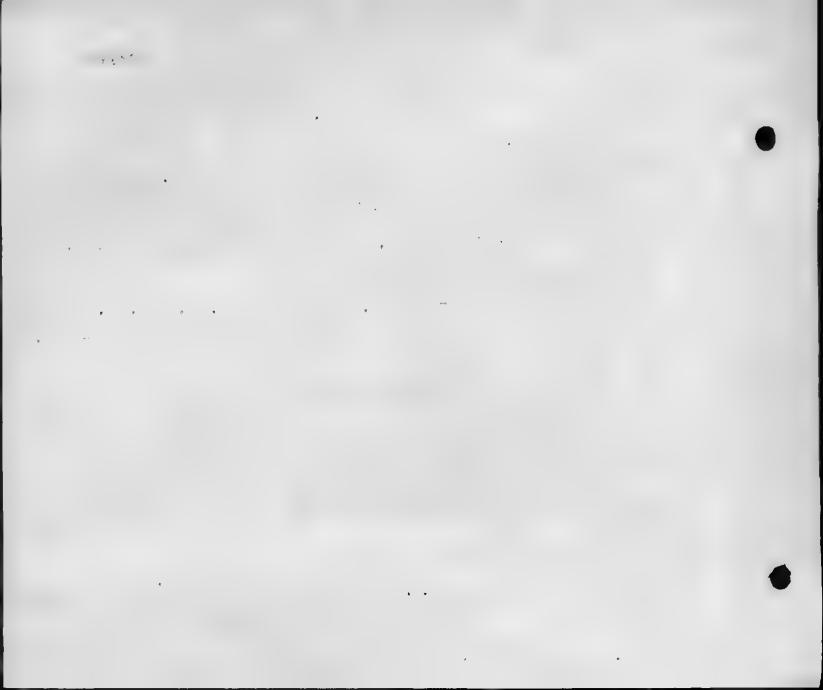
FOR STATE director, Page director, Page files, TO DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any dot please exacts the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

VS. AISME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

- TOTAL EXAMIN	TRY CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution)
	* STATE Maryland b. COUNTY Alle, any
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	AY IN 1b c CITY OR TOWN (If outside corporete limits, write RURAL and give rearest town)
Cumberland 2 Days	Y .
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street add	ress) d. STREET ADDRESS L. S. RESIDENCE
Sacred Heart Hospital	ON A FARM?
3. NAME OF First Middle	Last Grove YES NO X
DECEASED	OF .
ALUTII	110000000000000000000000000000000000000
MAKKIED A NEVER MAKKI	BOST DITTINGEY Advantage David D
Male White WIDOWED DIVORCE	D Euly 28, 1920 41 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or fore.gn country) 12. CITIZEN OF WHAT COUNTRY?
Truck Driver Harris Motor	Exp. Cumberland, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Reed Whitman	Edith Frost
	IO. 17. INFORMANT Address
Yes WW 2 220-10-9003	lirs. James Whitman, Rt. #1, Cumb. Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (cl.] INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) CARDIAC A	RREST: SHOCK
540 O DUETO	
TAGAT SV	VCOPE II
gave rise to immediate cause	
(a), stating the underlying DUE TO INCIDENTAL	L TO SURGERY FOR PEPTIC ULCER
	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
E PARTIL OTHER SIGNATIONS CONTRIBUTING TO DEAT	PERFORMED?
S CONTRACTOR OF THE CONTRACTOR	YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	CCURED. (Entar nature of Injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	
Hour a.m. While Not While p.m. 19 st work at work	fectory, street, office bldg., atc.)
21. I certify that I took charge of the remains described at	pove, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
death resulted from: Natural causes 📉. Acsident 🔲	Suicide . Homicide . Undetermined manner
0 11/11	CHIEF MEDICAL EXAMINER
SIGNATURE Denedrot Skitas	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER X SEPT. 9, 1961
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEN	Address (Street, city, town, or country) Cumberland, Maryland
REMOVAL (Specify) Purial 9/11/61 Zion Mone	orial Park Cumberland, Maryland
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
John J. Halef, Cumberland, Maryle	
	, Second to William



TO DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any of please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

	1		
		TATE	
HEAL	HT.	DEPT.	
lay is necessary, director. Page	Board of He Jih.	M	-

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE

	PLACE OF DEATH C. COUNTY TO ASTIVE			2. USUAL RESIDENCE (Where decessed lived, if institution to delete before admission)					
1	AL LEGANY		MARYLAND	6. STATE CUMBERLAND 6. COUNTY ALLEGANY					
I	b. CITY OR TOWN (if outside write RURAL and give nea	corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL and give	nearast town)		
4	CUMBERLAND	in the second	EU 39	12 CUMBERLAN	D				
	d. NAME OF HOSPITAL OR IN	ASTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			e. IS RESIDEN		
9	SACRED HEART H	OSPITAL		223 GLEN	N STREET		YES NO		
1	3. NAME OF DECEASED	First	Middle	Last	4. DATE Mo	nth Day	Year		
*	(Type or print)	JAMES	NELSON W	ILLISON		COMBER I	2 19 6I		
-	5. SEX 6. COL	OR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yes		Hours Min.	-	
P	male V	HILE MIDO	WED DIVORCEDX	T906 And 6	55/56/ yrs.	Months Days	Hours Min.	N .	
-	10e. USUAL OCCUPATION (Give done during most of working life,		. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE State	foreign country)	12. CITIZEN	OF WHAT COUNT	RY?	
	AUTO SALESHA		ratton Ford Co.	MARYLAND		U.S.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
	MOSES WILL	SON		R	OSE CHANEY				
	15. WAS DECEASED EVER IN U.S.	. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	es\$			
1	MO	Mai 01 0010301301 11607		CHART AND PT	'S SON				
	IB. CAUSE OF DEATH	Enter only one cause p	er line for (a), (b), end (c).]						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) CEREBRAL HEMORRHAGE							30 Min	
-	237 V DUE TO								
	Conditions, if eny, which (b) HYPERTENSION; ARTERIOSCLOROSIS								
1		geve rise to immediate cause							
	(e), stelling the underlying cause lest. (c)								
	THE PROPERTY OF THE PROPERTY O								
1	Ŭ.						YES NO	-	
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INTO THE PERFORMED? YES NO 20s. EXTERNAL CAUSE WAS PILMARY OF OF CONTRIBUTING OF CONTRI								
	20c. TIME OF INJURY Month, Dey, Year Hour s.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) (City or town) (County) (State)								
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion								
1	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner								
U		MEDICAL EXAMINER							
	ACTUAL SIGNATURE DESIGNATURE DATE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED								
	EXAMINER'S			DEPUTY MEDICAL		. 12, 19	61		
4	NAME (Type) BENE		RELIC, M.D. 4	Address (Street, c	ity, town, or county) Cu 22d. LOCATION (Gity, to	mberland,	Md.		
	22a. BURIAL, CREMATION, 22b REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, to	wn, or country)	(Siais)		
1		/15/61		urial Park	Cumberland,	Maryland	Titot		
-3	23. FUNERAL DIRECTOR	8 1 -	ADDRESS	24a. REC					
	John J. Hafer	, Pumberla	nd, Maryland	DATE	EP 15'61	Cirthur & f	tenus	_	

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 21 haurs after death. If any delay is necessary, please exe	he	E	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transis permit. File pages 1 and 2 with the registral or to burial, crematian
DEP	de s	rwa	25
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VS. A15ME(5)

5M 9/55

CERTIFICATION

		MARYL	AND S	TATE DEPART	ME	NT OF HEA	LTH-BA	LTIMORE,	18		
	9	781 ME	DICA	L EXAMINE	R'S	CERTIFIC	ATE OF	DEATH	RegoDi	stillen	09770
	PLACE OF DEATH					2. USUAL RESIDENC	E (Where deced	sed lived. If Institu	The second second		The second second
	o. COUNTY ALLE	BANY		MARYL	AND	O. STATE MAR	CYLAND	b. COUNT	Y ATT	EGAIN	7
- 1	b. CITY OR TOWN (If a	outside corporate limits, write	RURAL	c. LENGTH OF STAY II	d lb	c. CITY OR TOWI	N (If outside co	parate limits, write	RURAL ond	give near	est town)
	Cumberla	ind		Lifetime)	C. J. Cumb	perland				
1	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hoss	sitol, give street address)					IS RESIDENCE ON A FARM?		
	918 Glor	nwood Str	eet			918	Glennwo	od Street	t	Y	ES NO D
3.	NAME OF DECEASED (Type or print)	Fin MA R.T.O.		Middle		Lost YOUNG	4. DATE OF DEATH	Month Septemb		Doy	Year 19 61
5. :	SEX			NEVER MARRIED	□ 8.	DATE OF BIRTH		9. AGE (In years		TYEAR IF	UNDER 24 HRS.
	Female	Colored	WIDOWED			Jan. 8. 189	6	lost birthday!	Months	Days He	ours Min.
-	during most of working	N (Give kind of work of life, even if retired)	done 10b. K	Ovn Home	DUST		land. N		12. CITI	ZEN OF W	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
	John Don	rsev				Ann	a Taper				
15. (Yes	WAS DECEASED EVEL L. no. or unknown)	R IN U. S. ARMED FOI If you, give wor or dates of	iervice)	ocial security no.		FORMANT Mrs. Eliza		Address	mwood	. Cun	ab. Md.
	18. CAUSE OF DEATH	Enter only one cau	se per line f	or (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
	PART I. DEATH	WAS CAUSED BY:		CORCMARY	000	CLUSION					DDEN
	420.1	DUE TO									
	Conditions, if on	y, which) (b)		CORONAR.	Y St	CLEROSIS					
	gove rise to immedi (o), stating the un couse lost.	ote couse									
CERTIFICATION	PART II. OTHE		DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART		ERFORMED?
CERTIF!	20g. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	FRIBUTING []	b. DESCRIBE	HOW INJURY OCCURE	ED. (En	iter notuce of injury in	Port I or Port I	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	iJURY OCCURRED 20e Not while of work	PLAC factor	E OF INJURY (Home, try, street, office bldg.,	form, 20f. (Cit	y or town)	(Cou	nty)	(Stote)
	21. I certify the	at 1 taak charge	of the re	emains described	abav	e, held an Auto	psy 🔲, i	nspection 🍱,	Inquir	у Х, о	ind find that
	death resulted l	rom: Natural	auses 🔀	Accident .	Suic	ide 🔲, Homic	ide 🔲, U	ndetermined o	ause 🗌		
	ACTUAL 3	and.	+1	b. Tares	1, 3	. CHIEF MEDICA	L FXAMINER [D.	ATE SIGNED

MEDICAL 21. I c death ACTUAL SIGNATURE

MILLIA	CHECKELLEM.D.	CONTRACTOR LANGUAGE
		ASSISTANT MEDICAL EXAMINER

EXAMINER'S NAME (Type) BENEDICT SKITARFIIC. M.D. DEPUTY MEDICAL EXAMINER SEPT 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

220. BURIAL CREMATION. REMOVAL (Specify)
Durial 9/30/61 Moodlarm Cometery Cumberland, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 3 John J. Hafer, Cumberland, Maryland Chilling S. House

